THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-014904
STATE FILE NUMBER

2 3095

FILED APR 20 1959

Registration District No. ..... Primary Registration District No. ..... Registrar's No.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**1. PLACE OF DEATH**
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lutheran Hospital — Length of stay in Ib: 68 yrs.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: Chesterfield 4000 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): R. #1, Box 121D, — Reside on Farm: Yes [ ] No [ ]

**3. NAME OF DECEASED** (Type or print): First: MARIE (MAY) Middle: JOSEPHINE Last: DOHRMANN

**4. DATE OF DEATH**: Month: March Day: 26, Year: 1959

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

**8. DATE OF BIRTH**: December 18, 1890

**9. AGE** (In years last birthday): 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**: At Home

**11. BIRTHPLACE** (City and state or country): St. Louis, Missouri

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Peter Daoust

**13b. MOTHER'S MAIDEN NAME**: Phena Eckert

**14. NAME OF HUSBAND OR WIFE**: Edward H. Dohrmann

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT**: Edward P. Dohrmann, R. #1, Box 121D — Address: Chesterfield, Mo.

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Pulmonary Embolus | 6 hrs. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Gangrenous Appendicitis & Peritonitis | 3 days |
| DUE TO (c) | | |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 550.1

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [X] 2

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from 1947, to March 26, 1959 and last saw her alive on March 26, 1959. Death occurred at 4:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Morris Herman M.D.

**22b. ADDRESS**: 3701 Grandel Square

**22c. DATE SIGNED**: 3/27/59.

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE**: March 28, 1959

**23c. NAME OF CEMETERY OR CREMATORY**: New St. Marcus Cemetery

**23d. LOCATION** (City, town, or county) (State): St. Louis, Missouri

**24. FUNERAL DIRECTOR** ADDRESS: Beiderwieden F.H.Inc., 1936 St.Louis Ave.

**25. DATE RECD. BY LOCAL REG.**: MAR 27 '59

**26. REGISTRAR'S SIGNATURE**: Earl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

Will sign for
Dr. Theo Hanes
3701 Grandel Sq.
12:30 – 1:00 pm

Bell

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.