

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS NOV 10 1960

318

Primary Registration District No. 1003

Registrar's No. 10667

-60-039676

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>			Length of stay in 1b <b>91 years</b>		c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Alexian Bros Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>7521 Murdoch</b>
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>M.</b> Last <b>DOENGES</b>			4. DATE OF DEATH Month <b>November</b> Day <b>2</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 30, 1869</b>	9. AGE (last birthday) <b>91</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance Broker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Insurance</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>George Doenges</b>		13b. MOTHER'S MAIDEN NAME <b>Eva Voelker</b>		14. NAME OF HUSBAND OR WIFE <b>Charlotte Hummert Doenges</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-28-6489</b>		17. INFORMANT <b>Fred H. Doenges, 415 Alta Dena Court (30)</b>	
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) <b>Coronary Thrombosis</b>					<b>2 Hours</b>
DUE TO (b) <b>Coronary Atherosclerosis</b>					<b>5 yrs</b>
DUE TO (c) <b>Myocardial degeneration</b>					<b>4 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>420.1</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>Yours</b> to <b>11-2-60</b> and last saw him live on <b>11-2-60 9am</b> Death occurred at <b>Alexian Bros Hosp 770 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Martin J. Gleason M.D.</b> (Degree or title)			22b. ADDRESS <b>506 Olive St</b>		22c. DATE SIGNED <b>11-3-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Nov. 5, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>
24. FUNERAL DIRECTOR <b>Beiderwieden F.H.Inc. 1936 St. Louis</b>			25. DATE RECD. BY LOCAL REG. <b>NOV 4 1960</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Homer M. Juit

Licensed Embalmer No. 388

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.