

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046956
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12018

AMENDED

1. PLACE OF DEATH
a. COUNTY Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis Length of stay in 1b 4 days

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 1208 La Rue Court 37 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Walter Middle L. Last Von Doeren 4. DATE OF DEATH Month December Day 20 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12/27/82 9. AGE (last birthday) 78 years

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant 10b. KIND OF BUSINESS OR INDUSTRY Self Employed 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Charles Von Doeren 13b. MOTHER'S MAIDEN NAME Augusta Camien 14. NAME OF HUSBAND OR WIFE Lenore Schmidt Von Doeren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Lenore Von Doeren, 1208 LaRue Court

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Emphysema - Cor Pulmonale
uremia
DUE TO (b) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Kypho Scoliosis 4:34:0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 _____ to _____ and last saw her/him alive on _____
Death occurred at 6:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chorn Miller MD (Degree or title) 22b. ADDRESS 488 Humboldt 22c. DATE SIGNED 23 Dec

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12/23/61 23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery 23d. LOCATION (City, town, or county) St. Louis, Missouri (State) 61

24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 NATURAL BRIDGE BLVD. ADDRESS DEC 22 1961 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Load Smith, M.D.

DOCUMENT

*OK
John R. Taylor
Coroner 12/23/61*

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert E. Mulsman

Licensed Embalmer No. 4916

P. O. Address St. Louis, Mo.

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.