

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012332

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 340 Primary Registration District No. 3058 Registrar's No. 89
FILED APR 3 1962

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		
Rev. 4/59				
18928				
209212				
3				
4 1				
5 0				
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7 1				
8 2				
94200	INSTEAD OF	DOCUMENT		
10				
11				
121-0				
134-0				
			MEDICAL CERTIFICATION	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. CHARLES		c. CITY OR TOWN O'FALLON	
Length of stay in lb 15-DAYS		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) ST. JOSEPH HOSP		d. STREET ADDRESS (If outside, give location) 204 N. MAIN	
Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. NAME OF DECEASED (Type or print) First Middle Last SR. M. IRMENGARD DOERR		4. DATE OF DEATH Month Day Year MARCH 27 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-21-1893
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMTRESS		10b. KIND OF BUSINESS OR INDUSTRY CONVENT	
11. BIRTHPLACE (City and state or country) PITTSBURG, PA.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME NICHOLAS DOERR		13b. MOTHER'S MAIDEN NAME CATHERINE GERBER	
14. NAME OF HUSBAND OR WIFE - - -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT SR. M. JEROME O'FALLON, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac decompensation and infarction		7 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) Arteriosclerotic heart disease		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 Month, Day, Year a.m. p.m.			
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 3-20-62 to 3-27-62 and last saw her alive on 3-27-62		Death occurred at 1:05 a. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) J. F. Conroy M. D.		22b. ADDRESS 114 N. Main St. St. Charles, Mo.	22c. DATE SIGNED 3-29-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR. 29, 1962	23c. NAME OF CEMETERY CONVENT	23d. LOCATION (City, town, or county) O'FALLON Mo.
24. FUNERAL DIRECTOR O'FALLON MORTUARY, INC. O'FALLON Mo.		25. DATE/RECD. BY LOCAL REG. 3/28/62	
26. REGISTRAR'S SIGNATURE Charles F. Callahan			

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 Charles J Callahan

Licensed Embalmer No. 5128

P. O. Address O'Fallon, 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.