

RECORDED MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12635

Do not use this space.

5239

1. PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township Primary Registration District No. 1008
 (c) City St. Louis (d) Street No. St. Anthonys Hosp. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Errol L. Doelling 452

(a) Residence, No. 3635 Keokuk St. 176
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hazel B.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1902
 7. AGE YEARS 35 MONTHS 4 DAYS 25 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sales Manager
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Doelling
 14. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Emma
 16. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

17. INFORMANT John Doelling
 (ADDRESS) 3660 Bates

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sunset Burial Pl. DATE April 7, 1938

19. FUNERAL DIRECTOR I. L. Ziegenhein & Sons
 (ADDRESS) 7027 Gravois Avenue

20. FILED APR 5 1938 J. Bredeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1938, to 4-4, 1938

I last saw him live on 4-4, 1938. Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

Streptococcus
lousillitis, non
diphtheritic
 Date of onset 3/24/38

Other contributory causes of importance:

Peritonsillar abscess 3/31/38
Toxic myocarditis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify W. F. Keen (NEUR) 1
 (Signed) M. D.

(Address) 3115 D. Grand Av.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clarence P. Kidwell
Licensed Embalmer No. 3877

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.)