N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 11 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791

13182

1003

3265

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. 3265

Township ..... Primary Registration District No. ..... Registered No. 3265

City St. Louis Mo. (No. Barnes Hospital ..... St. ..... Ward)

2. FULL NAME Doris Jean Croessman

(a) Residence, No. ..... St., N.K. Ward. Du Quoin Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 - 1922

7. AGE: Years 13 Months 9 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Girl

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Du Quoin Ill

FATHER

13. NAME Victor Croessman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Du Quoin Ill

MOTHER

15. MAIDEN NAME Inez Gunster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Soto Ill

17. INFORMANT Victor Croessman
(ADDRESS) Du Quoin Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Du Quoin Ill DATE 3-28 1936

19. UNDERTAKER Albert H. Hoppe Inc
(ADDRESS) 429 N Euclid ave

20. FILED MAR 26 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 25 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 3 - 8 - 1936, to 3 - 25 - 1936

I last saw her alive on 3 - 25 - 1936 Death is said to have occurred on the date stated above, at 9 o'clock P. m.

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

	Date of onset
Encephalitis non Epidemic	
Operation for suspected tumor of Spinal Cord	

Other contributory causes of importance: No tumor

Name of operation Laminectomy Date of 3/14/36

What test confirmed diagnosis? Not confirmed 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? .....

If so, specify .....

(Signed) Sydney B. Maughs, M. D.

(Address) BARNES HOSPITAL