

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state AGE should be stated EXACTLY. PHYSICIANS should state

DEC'D MAY 11 1939

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

16136
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 787
(b) Township _____ Primary Registration District No. 711 Registered No. 782
(c) City Richmond Heights (d) Street No. St. Mary's Hospital 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 607 Barbara May Dohr

(a) Residence, No. 6844 Balson Ave. St. St. Louis, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1939, to April 29, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1939

I last saw her alive on April 29, 1939. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3

Septem Graviss Date of onset 4-30-39

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

1616
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Richmond Heights, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Albert F. Dohr, Jr.

FATHER 14. BIRTHPLACE (CITY OR TOWN) Kirkwood, Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mabel Dugan

MOTHER 16. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Albert F. Dohr, Jr.
6844 Balson Ave., St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE N. St. Paul Church DATE 4-29 1939

19. FUNERAL DIRECTOR (NAME) Robert J. Ambruster (ADDRESS) 6633 Clayton Rd., St. Louis, Mo

20. FILED APR 29 1939 G. R. Meyer Local Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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) T. P. Weber, M. D.
(Address) 2816 Sutton Ave., St. Louis, Mo.

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.....

..... Edward H. Bockhorst, Registered Apprentice No.....
working under my personal supervision.

Signed.....

.....
..... Licensed Embalmer No. 2502

..... P. O. Address 6633 Clayton Rd., St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.