

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.

Registration District No. **784**

Primary Registration District No. **115**

Registrar's No. **1682**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **University City,**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
401 West Gate Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **18 years**
(Specify whether years, months or days)

8. (a) PRINT FULL NAME **Ida Catherine Dolch**

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Edw. Wm. Dolch**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Oct. 7 1861**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	11	13	hr. _____ min.

9. Birthplace **Baltimore Maryland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **John Scherer**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary McMillen**
(City, town, or county) (State or foreign country)

15. Birthplace **Baltimore Maryland**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Dorcas Dolch**

(b) Address **943rd Beach W. St. Louis Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **9/22/39**
(Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Alexander & Sons**

(b) Address **6175 Delmar Blvd.**

19. (a) **SEP 22 1939** (Date received local registrar)

(b) **DR Mary McMillen** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **University City,**
(If outside city or town limits, write "RURAL")

(d) Street No. **401 West Gate**
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **20**
year **1939** hour **6** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 30**
_____, 19**23** to **Sept 20**, 19**39**;

that I last saw him alive on **July 17**, 19**39**;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary occlusion Duration **1 minute**

Due to **Coronary sclerosis** ?

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **943**

Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Albert J. Tausig** (M. D. or other) **M.D.**

Address **4500 Olive St.** Date signed **9/21/39**

Dr Albert Tauszig
4500 Olmit
1:00 PM —

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. W. Binkley

Licensed Embalmer No. 3653

P. O. Address 6175 Delmar

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