

FEB 29 1940

U.S. No. 2  
M-11-10-39  
Rev. 5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8084  
Registrar's No. 427

FILED MAR 7 1940  
784

Registration District No. 784 Primary Registration District No. 101

96  
2  
2

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 days  
In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Fenton  
(If outside city or town limits, write "RURAL")  
(d) Street No. behind Catholic Church  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Louis Doerge 620  
3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 29  
year 1940 hour 12 minute :25 A.M.  
21. I hereby certify that I attended the deceased from 2-14-40  
19\_\_\_\_ to 2-29-40, 19\_\_\_\_

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Anna Norah Doerge  
6. (c) Age of husband or wife if alive ? years  
7. Birth date of deceased May 17 1860  
(Month) (Day) (Year)

that I last saw him alive on 2-29-40, 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death Bronchopneumonia Duration 14 days  
Type II pneumococcus

8. AGE: Years 79 Months 9 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Severe Asthma Chronic 15 yrs  
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation nil.  
11. Industry or business \_\_\_\_\_  
12. Name Charles Doerge  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Bertha Straube  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Raymond Doerge  
(b) Address Fenton Mo  
17. (a) Burial (b) Date thereof 3-2-40  
(Burial, cremation, or disposal) (Month) (Day) (Year)  
(c) Place: burial or cremation Catholic Cem. Bloom 504 E. M.  
18. (a) Signature of funeral director Arnold St. Ruel  
(b) Address Fenton Mo  
19. (a) FEB 29 1940 (b) W. H. Meyer  
(Date received local registrar) (Registrar's signature)

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 W. H. Meyer (M. D. or other) \_\_\_\_\_  
Address Fenton Mo Date signed 2-29-40

**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 *Kenneth H. Koch*  
Licensed Embalmer No. *3047*  
P. O. Address *Fenton*

**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.**