

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Walter Charles Doering **652**

3. (b) If veteran, name war 375-10-2585 3. (c) Social Security No. 22220000

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella S. Doering 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased September 12, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 9 12 hr. 1 min.

9. Birthplace Belleville, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Vice President

11. Industry or business American Steel Foundries

MOTHER FATHER { 12. Name John Henry Doering

13. Birthplace Baltimore, Md.
(City, town, or county) (State or foreign country)

14. Maiden name Margarette Elizabeth Krupp

15. Birthplace Peoria, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Ella S. Doering

(b) Address Wilmette, Ill.

17. (a) Cremation (b) Date thereof 6/22/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director [Signature]

(b) Address Clayton Rd. at Concordia Lane.

19. (a) 11:22 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Cook
(c) City or town Wilmette **25**
(If outside city or town limits, write "RURAL")
(d) Street No. 1335 Chesnut St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1940 hour Five minute 20 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to June 20, 1940
that I last saw him alive on June 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Encephalopathy **3 weeks**

Due to Essential Hypertension **5 yrs. (C)**
followed by arteriosclerosis **4 yrs. (S)**
Due to _____

Other conditions Hypertensive Heart Disease **2 yr. (C)**
(Include pregnancy within 6 months of death)

Major findings: Of operations _____

Of autopsy _____

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 1

23. Signature A. R. Pfeiffer (M. D. GEORGE)
Address Missouri Theater Bldg. Date signed 6/21/40

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

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 _____

Licensed Embalmer No. 1994

P. O. Address St. Louis.

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.