DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20512

Registration District No. 791 FILED JUL 17 1940

Primary Registration District No. 1003

Registrar's No. 5460

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: 3428 Belt Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 3428 Belt Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME John Doak 200

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. 25, 1873 (Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 29 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name William Doak
13. Birthplace St. Louis County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Adelina Kieff
15. Birthplace St. Louis County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Mamie Kitzing
(b) Address 3428 Belt Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Charles Kron Funeral Home
(b) Address 4911 Washington Pl.

19. (a) JUN 25 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th year 1940 hour 4 minute 30 a. M.

21. I hereby certify that I attended the deceased from Sept 5th, 1939, to June 24th, 1940; that I last saw him alive on June 23rd, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Valvular disease of the the Heart	
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. H. Wilson M.D. (M. D. or other)
Address 4362 Warne ave Date signed 6-25-40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19511

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 Thomas R. Kenwick

Licensed Embalmer No. 3793

P. O. Address 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.