

No. 2  
11-10-39  
-172  
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SEP 25 1940 791  
Registration District No. 791

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 6795

1. PLACE OF DEATH:

(a) County: SAINT LOUIS  
(b) City or town: SAINT LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3431 Park, Ave., 2  
(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)

8. (a) PRINT FULL NAME: CHARLES T. DOHRMAN 655

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife: ELIZABETH DOHRMAN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: JANUARY 4 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 5 If less than one day hr. min.

9. Birthplace: MILLSTADT ILLINOIS.  
(City, town, or county) (State or foreign country)

10. Usual occupation: (RETIRED) CARPENTER.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name: HENRY DOHRMAN

13. Birthplace: GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name: MARY

15. Birthplace: GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant: IRVING DOHRMAN

(b) Address: # 3431 PARK AVENUE.

17. (a) BURIAL (b) Date thereof: AUG 12/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director: C. R. DUPTON SONS

(b) Address: 7233 DELMAR BLVD.

19. (a) AUG 10 1940 (b) \_\_\_\_\_ (c) \_\_\_\_\_  
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) MISSOURI (b) County \_\_\_\_\_  
(c) City or town: SAINT LOUIS, 18  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3431 PARK AVENUE.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9  
year 1940 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from  
Wed. 13 1940 to Aug 9 1940

that I last saw him alive on Aug 9 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Decompenation 4 days.

Due to Chronic Myocarditis 2 yrs?

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_

(Include pregnancy within 3 months of death)  
General Arterio Sclerosis

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)  
(a) Means of injury \_\_\_\_\_

23. Signature: J. A. Curland (M. D. or other) M.D.  
Address: 5930 S. \_\_\_\_\_ Date signed: 9-10-40

Duration  
4 days  
2 yrs?  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

5930 Bonnet  
Mi-0750  
8-10 A.M.

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**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 Bradford A. Miles

Licensed Embalmer No. 2901

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.**