

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Weeks
 In this community Since Birth (Specify whether years, months or days)

3. (a) PRINT FULL NAME DORIS WILMA SCHORR 6078. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Female 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 Jan. 29, 1922
(Month) (Day) (Year)

8. AGE: Years 18 Months 6 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation School

11. Industry or business _____

12. Name Clarence W. Schorr13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)14. Maiden name Viola Knollhoff15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Clarence W. Schorr(b) Address 3056 Bellerive Dr., Normandy,17. (a) Burial (b) Date thereof 8/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove18. (a) Signature of funeral director Math. Hermann & Son(b) Address 2161 East Fair Avenue19. (a) AUG 16 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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 (a) State Missouri (b) County ST LOUIS
 (c) City or town St. Louis BEF NOR NR
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3056 Bellerive Dr.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1940 hour 1 minute 30 P. M.21. I hereby certify that I attended the deceased from July 24, 1940, to August 14, 1940,
that I last saw her alive on August 14, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Acute pulmonary tuberculosis
Military tuberculosis

Due to _____

Other conditions _____
(Include pregnancy within 3 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 _____23. Signature F. R. Bradburn (M. D. or other) _____Address BARNES HOSPITAL Date signed _____

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. 2967
P. O. Address.....

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.