

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9034**

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:
4948 Potomac
(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)

FILED DEC 11 1940

3. (a) PRINT FULL NAME **Minnie Doerr**

3. (b) If veteran, name, war, **none** 8. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **J. George Doerr** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 23, 1863**
(Month) (Day) (Year)

8. AGE: Years **77** Months **3** Days **9** If less than one day hr. _____ min. _____

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

10. Usual occupation **at home**

11. Industry or business _____

12. Name **Unknown Haenisch**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Marie Schultz**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ella Doerr**

(b) Address **4948 Potomac**

17. (a) **cremation** (b) Date thereof **Nov. 4, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Crematory**

18. (a) Signature of funeral director **C. R. Lupton & Sons**

(b) Address **7233 Delmar Blvd.**

19. (a) **NOV 2 1940** (b) *J. P. Bredich*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(d) State **Missouri** (b) County _____
(c) City or town **St. Louis** **14**
(If outside city or town limits, write "RURAL")
(d) Street No. **4948 Potomac St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

20. DATE OF DEATH: Month **November** 1st
year **1940** hour **8** minute **05 P. M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to *Chronic Myocarditis*
Chronic Intermittent Nephritis
Arteriosclerosis

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) _____
Means of injury **5**

23. Signature *Alfred Perry* (M. D. or other) **5**
?Address *Delmar Blvd.* Date signed **11/4/40**

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

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.