

JAN FEB 25 1941
Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town **5443-N St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5443 Nagel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **50 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **217**
(If outside city or town limits, write "RURAL") **F**
(d) Street No. **5443 Nagel**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **50 yrs.** **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **23**
year **1941** hour **9** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Jan 5, 1941**
to **Jan 23, 1941**
that I last saw him alive on **Jan 23, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Due to.....
Due to.....
Other conditions **Sh. Nephritis**
(Include pregnancy within 3 months of death)

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

3. (a) PRINT FULL NAME **David Dore**

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 **married**

6. (b) Name of husband or wife **Nettie** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **unknown**
(Month) (Day) (Year)

8. AGE: Years **75** Months Days If less than one day
abt hr. min.

9. Birthplace **Belgium**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

MOTHER FATHER { 12. Name **unknown**
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Nettie Dore**
(b) Address **No 5443 Nagel**

17. (a) **Burial** (b) Date thereof **1-23-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers**

18. (a) Signature of funeral director **John Ziegenhain**
(b) Address **7027 Gravois Ave.**

19. (a) **JAN 24 1941** (b) **J.P. Bredeck**
(Date received local registrar) (Registrar's signature)

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?

23. Signature **H. Achermann** (M. D. or other)
Address **6811 Gravois** Date signed **1/24/41**
(Specify type of place) (e) Means of injury

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.....

L. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

- 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, fact should be so stated above.