

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Christian Hospital
(d) Length of stay: In hospital or institution 4 Hours
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Box 107 Baden Station
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Fred Dorenburg

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 9, 1868

8. AGE: Years 74 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Pittsburg Pa.

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Pittsburg Pa.
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant George Ahearne

(b) Address Box 107 Baden Station

17. (a) Burial (b) Date thereof 5/19/42
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 19 1942 (b) J. F. Brueck (c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17, year 1942 hour 12:30 AM

21. I hereby certify that I attended the deceased from Aug 10, 1941, to May 12, 1942 that I last saw him alive on May 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhaged uterine blood 5 yrs

Due to: 97
Due to:
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Means of injury:
23. Signature: John G. G... (M. D. on oath)
Address: 809 S. Broadway Date signed 5/15/42

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

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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 Francis A. Williamson

Licensed Embalmer No. 3565

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, fact should be so stated above.