7. S. No. 2
0M—5-42
y. 5-17-39
I X32871

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 19 1943 18

Registration District No. 1003

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 12062

Registrar's No. 3237

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2808 ARSENAL ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 72 Years In St Louis. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 2808 Arsenal St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUIS DORR

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 Catherine Dorr

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Jan 27 1859
(Month) (Day) (Year)

8. AGE: Years ~~83~~ 84 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation RETIRED

11. Industry or business House Painter.

FATHER
12. Name Henry Dorr
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Catherine Dorr
(b) Address 2808 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8th (Month) (Day) (Year)
(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director Theodore Kiel & Son
(b) Address 2906 Gravois Ave

19. (a) APR 6 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th year 1943 hour 4 00 A.M. minute M.

21. I hereby certify that I attended the deceased from Jan 1, 1943 to April 5, 1943 that I last saw him alive on April 4, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Dr N. G. Schneider (M. D. or other)

Address 3318 So Grand Date signed 4-5-43

(Licensed Embalmer's Statement on Reverse Side)

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. 1619

P. O. Address 2906 Broadway

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.