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FILED MAY 9 1944
Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 3956

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:
City Infirmary. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Yrs, 2 Mo, 17 Days
(Specify whether _____)

In this community Life
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. 2111 Mulamphy St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Louise Doepke,

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 26, day 1944.
year _____ hour 7.30 P. M. minute _____ M.

21. I hereby certify that I attended the deceased from
Nov 15 1943 to April 26 1944
that I last saw her alive on April 26 1944
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race W

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: Feb. 2, 1856
(Month) (Day) (Year)

Immediate cause of death: Polar pneumonia Duration 2 day

Due to Smility / 08

Due to Hypertensive cardiac vascular disease

Other conditions: Coronary artery disease
(Include pregnancy within 3 months of death)
Pyelonephritis

8. AGE: Years 88 Months 2 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Work,

11. Industry or business _____

Major findings: _____

Of operations _____

Of autopsy Thrombus in aorta c
aplastic infarcts & above

22. If death was due to external causes, fill in the following:

MOTHER FATHER {

12. Name None Given

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

14. Maiden name None Given

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

16. (a) Informant Emil F Borchert.

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof April 27 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pilius
Berdminda funeral home

18. (a) Signature of funeral director: APR 28 1944
(b) Address _____

19. (a) _____ (b) J. J. Borchert
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

(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 Amner A Sweetman MD. (M. D. or other) _____
Address 5800 Arsenal Date signed 4-27-44

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

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..... *Delis J. Krupin*
Licensed Embalmer No..... *3497*
P. O. Address..... *1936 St. Louis*

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.