

FILED JUN 24 1944
Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 1343

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Sappington (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 Sappington Acres
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Years (Specify whether
In this community 5 Years years, months or days)

3. (a) PRINT FULL NAME Robert E. Doerflinger

3. (b) If veteran, name war no 3. (c) Social Security No. 497-10-4594

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

6. (b) Name of husband or wife Olive 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Mch. 29 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>2</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Realtor

11. Industry or business _____

12. Name Albert Doerflinger

13. Birthplace Gasconade Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Schaffner

15. Birthplace Franklin Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Olive Doerflinger

(b) Address # 2 Sappington Acres

17. (a) Burial (b) Date thereof 6-23-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director M. Schumacher

(b) Address 3013 Meramec

19. (a) JUN 22 1944 (b) E. H. McHarrison, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Sappington (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. # 2 Sappington Acres 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If Yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1944 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept 16 1940 to June 20 1944.
that I last saw him alive on June 17 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic myocarditis 15 yrs
Chronic nephritis 20 yrs

Due to _____

Due to _____

Other conditions: none
(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? _____
(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) (Specify type of place) Means of injury _____

23. Signature E. H. McHarrison, M.D. (M. D. or other) _____

Address 5417 South Grand Blvd. signed 6-21-44

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

MOTHER FATHER

5417 & Grand
L.O. 5511
1-1-1

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.