

FILED FEB 20 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....**St. Louis**
(b) City or town.....**St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution.....**4007 N. 25th St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....**78 years**
In this community.....**78 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Missouri** (b) County.....**St. Louis**
(c) City or town.....**St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No.....**4007 N. 25th St.**
(If rural, give location)
(e) Citizen of foreign country?.....**No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME.....**Ida Doeding**

3. (b) If veteran, name war.....**No** 3. (c) Social Security No.....**No**

4. Sex.....**Female** 5. Color or race.....**White** 6. (a) Single, widowed, married, divorced.....**Widow**
6. (b) Name of husband or wife.....**Fred Doeding** 6. (c) Age of husband or wife if alive.....**deceased**
7. Birth date of deceased.....**January 30 1870**
(Month) (Day) (Year)

8. AGE: Years.....**78** Months.....**0** Days.....**6** If less than one day.....**hr. min.**

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

10. Usual occupation.....**Housework**

11. Industry or business.....
12. Name.....**Albert Konitz**
13. Birthplace.....**unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name.....**Winnie Kindermann**
15. Birthplace.....**unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant.....**Kenneth Gohlke**
(b) Address.....**4007 N. 25th St.**
17. (a) **Burial** (b) Date thereof.....**2/9/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation.....**St. Peters Cem.**

18. (a) Signature of funeral director.....**Suedmeyer & Sons**
(b) Address.....**3934 N. 20th St.**
19. (a) **FEB 7 1948** (b) **J. F. Bradach**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**February** day.....**6th**
year.....**1948** hour.....**7** minute.....**45 A.** M.

21. I hereby certify that I attended the deceased from.....**Feb 4** 19.....**48**
to.....**Feb 6** 19.....**48**
that I last saw him.....**alive** on.....**19**.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....**Senility**

Due to.....**57**

Other conditions.....**Arteriosclerosis**
(Include a preliminary within months of death)

Major findings: **Arteriosclerosis**
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?..... (Specify type of place)
While at work?..... (Specify type of place) Means of injury.....**0**

23. Signature.....**Alvin Kroll** (M. D. or other)
Address.....**2816 W. Grand** Date signed.....

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

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 *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *3934 N 20th St*

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.