

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17530
Registrar's No. 5025

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: 3715 Olive.
(d) Length of stay: In hospital or institution 25 Years
In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 3715 Olive St.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Henry C. Doell
3. (b) If veteran, name war None 3. (c) Social Security No. 492-07-2961
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Una P. Doell 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Feb. 24, 1893

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28 year 1948 hour 2 minute 40 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

8. AGE: Years 55 Months 3 Days 3
If less than one day hr. _____ min _____

that I last saw h _____ alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death: *Asphyxiation due to strangulation with ligature around neck*
rather than by gunshot wound as stated on death certificate attached to the case
Body about 3 feet above the floor level on May 29 1948 about 2:40 P.M. Single bullet wound
Other conditions: *Temporary mental disturbance*
(Include pregnancy within 3 months of death)

9. Birthplace Johnstown, Pa. 1
10. Usual occupation Machinist
11. Industry or business Cutter Machinery Co.

Major findings: _____
Of operation: *H&K*
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

12. Name Unknown
13. Birthplace _____
14. Maiden name Unknown
15. Birthplace _____

16. (a) Informant Mrs. H. C. Doell
(b) Address 3841 Delmar Blvd.
17. (a) Cremation (b) Date thereof 6/1/48
(c) Place: burial or cremation Oak Grove Crematory

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 5-28-1948
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.
19. (a) JUN 1 1948 (b) J. F. Bredeck (Registrar's signature)

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature: *Ed Taylor* (Date signed 6/1/48)
Address: _____

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 *Robert T. Sampster*

Licensed Embalmer No. *4290*

P. O. Address *56 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.