FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25036

Registration District No. 317 — Primary Registration District No. 6076 — Registrar's No. 1888

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Sherman (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None, Meramec township (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 23- years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Sherman (If outside city or town limits, write "RURAL")
(d) Street No. ------- (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Doss Charles Oliver
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May Smith Doss
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased May (Month) 10 (Day) 1871 (Year)

8. AGE: Years 77 Months 2 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Own farm
FATHER
12. Name Wm. Doss
13. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. May Doss
(b) Address Sherman Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery Pond Mo.
18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin Mo.
19. (a) 8-7-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1948 hour 12 minute 10 P. M.
21. I hereby certify that I attended the deceased from July 17, 1948, to Aug 5, 1948 that I last saw him alive on Aug 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocardial failure
Due to Toxemia with allergic manifestations in skin.
Due to Apteric Sclerosis - General.
Other conditions 97 (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 Henry F. Scott (M. D. or other) M.D.
Address Ballwin Mo. Date signed Aug 6-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

USING 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. Geo. Schrader

Licensed Embalmer No. 3066

P. O. Address. Baldwin, T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed. fact should be so stated above.