

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **30957**
Registrar's No. **8165**

Report made on **1948** Oct. No. **1 1948 318**

Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **2626 Lafayette Ave.**
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **2626 Lafayette Ave.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Henry Doerhoff**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 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 **July 16 1884**

8. AGE: Years **64** Months **2** Days **0** If less than one day _____ hr. _____ min.

9. Birthplace **Miller County, Missouri**

10. Usual occupation **Maintenance Man**

11. Industry or business _____

12. Name **Henry Doerhoff**
13. Birthplace **Germany**
14. Maiden name **Gertrude Vosmer**
15. Birthplace **Germany**

16. (a) Informant **Andrew Doerhoff**
(b) Address **2723 Osage St.**

17. (a) **Burial** (b) Date thereof **9/20/48**
(c) Place: burial or cremation **Resurrection Cemetery**

18. (a) Signature of funeral director **John H. Gebken Sons Und. Co.**
(b) Address **2630 Gravois Ave.**

19. (a) **SEP 18 1948** (b) **J. F. [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
28. DATE OF DEATH: Month **September** day **16**, year **1948** hour **1:45** minute **P** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Due to **Coronary Sclerosis**
Due to **9/18**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury **2**
23. Signature **[Signature]** (M. D. or other) _____
Date signed **9/17/48**

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 F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.