

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11006

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>479</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis County</u>		11. BIRTHPLACE (State or foreign country) <u>U. S. A.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Halls Ferry Memorial Home</u>				d. STREET ADDRESS (If rural, give location) <u>Halls Ferry &amp; Kappel Rds.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MINNIE</u>		b. (Middle) <u>(none)</u>		c. (Last) <u>DOERR</u>	
				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 28 1880</u>	
				9. AGE (in years last birthday) <u>68</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Weiss</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Doerr</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>F.A. Langan 820 N. Grand</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>				<u>24 hrs.</u>	
		ANTECEDENT CAUSES				<u>2 da.</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Stroke</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>930</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-31</u> , 19 <u>44</u> , to <u>2-27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-26</u> , 19 <u>47</u> , and that death occurred at <u>five a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Nellie Shaver M.D.</u>				23b. ADDRESS <u>2115 Kappel Drive</u>		23c. DATE SIGNED <u>2/27/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/28/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-28-49</u>		REGISTRAR'S SIGNATURE <u>Hubert W. Langan M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Suedmeyer &amp; Sons 3934 N. 20 St.</u>			

9600

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

*No Embalming*

Signed Neville B. Frohwitter

Signed.....  
Student Embalmer

Licensed Embalmer No. 3936

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.