

FILED DEC 8 1950  
#65016

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38422

State File No. 10053  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 2023 Mallinckrodt St.	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) G	
c. (Last) DOELLING		4. DATE OF DEATH (Month) (Day) (Year) Nov. 25th, 1950	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 24, 1873
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Frederick Doelling	
14. MOTHER'S MAIDEN NAME Unknown		15. NAME OF HUSBAND OR WIFE Emma Doelling	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. SOCIAL SECURITY NO. NO	
18. INFORMANT'S SIGNATURE OR NAME Emma Doelling		19. ADDRESS 2023 Mallinckrodt	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Occlusion of rt. popliteal artery		INTERVAL BETWEEN ONSET AND DEATH 24 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) embolism		DUE TO (c) auricular fibrillation		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Senile Psychosis.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 H54X

22. I hereby certify that I attended the deceased from 10/27/50, 19, to 11/25/50, 19, that I last saw the deceased alive on 11/25/50, 19, and that death occurred at 6:50pm m., from the causes and on the date stated above.

23a. SIGNATURE Robert S. Schuler, Jr. M.D.	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 11/27/50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11-29-50	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Suedmeyer & Sons 3934 N. 20th St.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*Wesley B. Prohvetter*

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.