

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24492

318

1003

6773

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6773		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2139		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4929 O'Dell Ave.				d. STREET ADDRESS (If rural, give location) 4929 O'Dell Ave.				
3. NAME OF DECEASED (Type or Print) WILLIAM			a. (First) C.		b. (Middle) DOERR		c. (Last)	
4. DATE OF DEATH		(Month) July		(Day) 27		(Year) 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sep't. 3, 1891		
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months _____		IF UNDER 4 HRS. Days _____		IF UNDER 15 HRS. Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Valuation Engineer - Marshall & Stevens				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME John A. Doerr		13b. MOTHER'S MAIDEN NAME Pauline C. Betz		14. NAME OF HUSBAND OR WIFE Florence Doerr		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Doerr 4929 O'Dell Ave.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of tongue with metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious anemia.						
19a. DATE OF OPERATION 5-10-51		19b. MAJOR FINDINGS OF OPERATION Bypass - Ca of tongue				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) _____ (Minute) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 141X						
22. I hereby certify that I attended the deceased from April 4, 1951, to July 27, 1951, that I last saw the deceased alive on July 27, 1951, and that death occurred at 12:30 A.M., from the causes and on the date stated above.								
23a. SIGNATURE Charles F. Sherwin, M.D. (Degree or title)				23b. ADDRESS 3720 Washington Blvd.		23c. DATE SIGNED July 27, 1951		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 30, 1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) St. Louis Co., Mo. (State) _____		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 29 1951 J.B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.						

WRITE PLAINLY—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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....
Edwin A. M. Bennett

Licensed Embalmer No. *3024*

P. O. Address.....

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.