

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10-48

FILED DEC 4 - 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11021

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>2167</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (In this place) <u>45 days</u>	c. CITY OR TOWN <u>ST. LOUIS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>INCARNATE WORD Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>16 4245 HARTFORD ST.</u>	
3. NAME OF DECEASED a. (First) <u>FRED</u>		b. (Middle) <u>WILLIAM</u>	
c. (Last) <u>DOERMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-19-53</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-23-1895</u>
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES MAN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>GASCONADE COUNTY MO</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>HRDOR</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>AUGUST DOERMANN</u>		13b. MOTHER'S MAIDEN NAME <u>TOLEDO STOLMAN</u>	
14. NAME OF HUSBAND OR WIFE <u>CECILIA DOERMANN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>489-05-4487</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CECILIA DOERMANN</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		14. ADDRESS <u>4245 HARTFORD</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hyper tension</u>		3 yrs	
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>331X</u>	
22. I hereby certify that I attended the deceased from <u>Nov 19 50</u> to <u>19 Nov 1953</u> , that I last saw the deceased alive on <u>19 Nov 1953</u> , and that death occurred at <u>7:20 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Richard H. Hay, M.D.</u>		23b. ADDRESS <u>1010 Mc Clausland</u>	
23c. DATE SIGNED <u>19 Nov 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>NOV 20 1953 J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arnold Thiel 5930 Southwest</u>	

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..

Student.....  
Signature of Student Embalmer

Signed *Ronald O. Yohn*.....  
Licensed Embalmer No. *39*.....  
P. O. Address *A. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.