

FILED DEC 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44165

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11411

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester 4740	
c. LENGTH OF STAY (In this place) 12 days		d. STREET ADDRESS (If rural, give location) Creve Coeur St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Alois b. (Middle) Doering c. (Last) Doering			4. DATE OF DEATH (Month) (Day) (Year) Dec. 1 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 15, 1868	9. AGE (In years last birthday) 85	10. UNDER 1 YEAR Months 10 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter & Carpenter		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (City and State or Foreign Country) Alton, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Charles Doering		13b. MOTHER'S MAIDEN NAME Gabrisch		14. NAME OF HUSBAND OR WIFE Mary C. Doering	
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. 499-34-0020		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary C. Doering, Manchester, Mo.	

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) <i>Stenocardia St. Communis glisc arteria</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</i> DUE TO (b) <i>Sensitivity to foreign body (stone) in appendix.</i> DUE TO (c) <i>Hypertension Pt. Kidney</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <i>Sensitivity</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) <i>180X</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 *NOV. 18, 1953*, to *NOV. 20, 1953*, that I last saw the deceased alive on *NOV. 29, 1953*, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Henry F. Scott M.D.</i>		23b. ADDRESS <i>Ballwin, Mo.</i>		23c. DATE SIGNED <i>Dec 2-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/3/53		24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery	
24d. LOCATION (City, town, or county) (State) Manchester, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Schrader Funeral Home Ballwin, Mo.</i>			
DATE REC'D BY LOCAL REG. DEC 2 1953		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, Mo.

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.