

FILED DEC 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 46747

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>548</u>		Registrar's No. <u>3026</u>	
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>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Webster Groves</u>		c. LENGTH OF STAY (in this place) <u>years</u>		c. CITY OR TOWN <u>Webster Groves</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>401 Cannonburg Drive</u>				e. STREET ADDRESS (If rural, give location) <u>401 Cannonburg Drive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u>			b. (Middle) <u>M.</u>		c. (Last) <u>DOLL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-30-1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>9-6-1876</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Carpentry</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cabinet Maker</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Doll</u>			13b. MOTHER'S MAIDEN NAME <u>Sabah Bishop</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>488-03-2510</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Helew Anderson</u>		ADDRESS <u>401 Cannonburg Drive</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				<u>1 year</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> 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>Nov 8</u> , 1957, to <u>11-30</u> , 1957, that I last saw the deceased alive on <u>11-24</u> , 1957, and that death occurred at <u>12:45 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) of <u>M. R. Walucki mb</u>				23b. ADDRESS <u>8916 Gravois</u>		23c. DATE SIGNED <u>12-2-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-2-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vincennes Indiana Ind</u>	
DATE REC'D BY LOCAL REG. <u>12-2-57</u>		REGISTRAR'S SIGNATURE <u>Robert P. Campbell</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John J. ...</u>		ADDRESS <u>6409 Gravois Ave</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 *Elmo P. Sabin*

Licensed Embalmer No. *4079*

P. O. Address *St. 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.