

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1 PLACE OF DEATH

County
Township
or
Village
or
City St Louis Mo

Registration District No. 791 File No. 14681
Primary Registration District No. 1003 Registered No. 3728
(NO. 1413 N. 9 St. St. 4 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Helixa Dorse

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) Single

6 DATE OF BIRTH Aug. 17th 1911
(Month) (Day) (Year)

7 AGE 3 yrs. 8 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Child
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) St Louis Mo.

PARENTS
10 NAME OF FATHER Andre Dorse
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Rus. Poland.
12 MAIDEN NAME OF MOTHER Kate Zirku
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Rus. Poland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andre Dorse
(Address) 1413 N. 9 St

15 Filed APR 22 1915 Marb Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 21 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from April the 19th 1915, to April the 21st 1915, that I last saw her alive on April the 21, 1915

and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:
Phumation (acute)
56
W
(Duration) 15 mos. 15 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Dr. Reinhold Basler M. D.
April 21, 1915 (Address) 1452 N. 15 St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Calvary DATE OF BURIAL April 23 1915

20 UNDERTAKERS Aug Brockland ADDRESS 1421 N. 9 St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

