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

Do not use this space.

38127

23 1928

1. PLACE OF DEATH
County St. Louis
Township CARONDELET
City
Registration District No. 1123
Primary Registration District No. 0238 E
(No. MT. SAINT ROSE SANATORIUM St. Ward)
File No.
Registered No. 452

2. FULL NAME Elmer Charles Dorn
(a) Residence. No. 6476 Wanda Av. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Regina Mary Dorsa

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 24-1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
33	1	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shoe-Cutter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Christ Dorn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri.
12. MAIDEN NAME OF MOTHER Emma Matson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sweden.

14. INFORMANT Hospital Records
(Address) MT. SAINT ROSE SANATORIUM

15. FILED Jan. 2, 1927 L. C. Obrock M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 31 1927

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to Dec. 31, 1927 that I last saw him alive on Dec. 31, 1927, and that death occurred, on the date stated above, at 9:00 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHRONIC PULMONARY TUBERCULOSIS
2345
(duration) not known to me yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31
(duration) not known to me yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? not known to me
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Sputum

Jan. 1, 1928 (Signed) Jaroma Schlenker, M. D.
(Address) 3515 S. Grand Bl. St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter - Pauli
DATE OF BURIAL Jan. 3 1928

20. UNDERTAKER Wacker - Heldrell
ADDRESS 2331 N. Bway

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.