

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. J.H. Bremer

MAY 7 1937

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

Do not use this space.

791

14619

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. 1003
Primary Registration District No. 1003
(No. St. Johns Hospital)

File No.....
Registered No. 4115
St. _____ Ward _____

2. FULL NAME Mary Dorman

(a) Residence, No. _____ St. NR Ward. Jerseyville, Ill.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6th, 1868

7. AGE YEARS 69 MONTHS 1 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Jerseyville, Illinois (STATE OR COUNTRY)

13. NAME James Dorman

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

15. MAIDEN NAME Margaret Malone

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

17. INFORMANT Bernard Dorman (ADDRESS) Jerseyville, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Jerseyville, Ill. DATE April 20th, 1937

19. UNDERTAKER Albert H. Hoppe Inc., (ADDRESS) 429 N. Euclid Avenue

20. FILED APR 19 1937 J.H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17th, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1937, to April 17, 1937

I last saw her alive on April 17, 1937. Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of pancreas

Other contributory causes of importance _____

Name of operation no Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____

(Signed) J.H. Bremer, M. D.
(Address) 3720 Washington

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