

24
 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.

DECEASED NOV 16 1938

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

34078
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township St. Louis Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. City Sanitarium Registered No. 9064
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 620 JOHN DORRIS St. 26 (If nonresident, give city or town and State)
2215 N. 9TH. (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) Aug 31, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 1 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Breese, Ill.

FATHER 13. NAME Henry Dorris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Breese, Ill.

MOTHER 15. MAIDEN NAME Louise Kaufmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland, Ill.

17. INFORMANT (ADDRESS) Ella Dorris
2309^e Oakley

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE 10-20-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mullen Bros
4259 Linden Blvd

20. FILED OCT 18 1938 J. Briedeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:50 p.m. The principal cause of death and related causes of importance were as follows:
Tumor of Duodenum
Metastatic carcinoma
Non malignant

Other contributory causes of importance:
JK

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? JK

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? JK
 If so, specify _____ (Signed) Joseph M. ...
 _____ (Address) _____

100
-88

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

Registered Apprentice No. _____, working under my personal supervision.

Signed

Thomas R. Fenwick

Licensed Embalmer No.

3793.

P. O. Address

St. Louis 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, above space should be left blank.