

REC'D JUN 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH17092
Do not use this space.

1. PLACE OF DEATH

(a) County.....1 Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 5019 Shaw Blvd. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

Registered No. 46262. PRINT FULL NAME 657 James Henry Dorrance

(a) Residence, No. 5019 Shaw Blvd. St. 13
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Anna Pait Dorrance

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 11, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
83 4 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Millright
 9. Industry or business in which work was done, as saw mill, bank, etc. Packing Co.
 10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County, Missouri

13. NAME Wm. Tullus Dorrance

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartford Connecticut

15. MAIDEN NAME Mary Murphy

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

17. INFORMANT (ADDRESS) Miss Rose Dorrance
5019 Shaw Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cemetery DATE May 23, 1939
Horine, Mo.

19. FUNERAL DIRECTOR (ADDRESS) Beiderwieden F. H. Inc.
1936 St. Louis Avenue

20. MAY 22 1939 J. D. Biedler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1939, to May 19, 1939

I last saw h. h. alive on May 17, 1939. Death is said to have occurred on the date stated above, at 8:20 P. M.

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

Intermittent Nephritis
Chronic
Arteriosclerosis, Nephritis
Chronic

Other contributory causes of importance:
Arteriosclerosis, Nephritis
Chronic

Name of operation none Date of none
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? none Date of injury none, 1939

Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify none

(Signed) W. H. Steinhilber M. D.
 (Address) 5428 Magnolia Ave.

Dr. W. A. H. [unclear]
5428^e Magnolia

1-3

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STATEMENT BY LICENSED EMBALMER

I, [Signature], Licensed Embalmer No. 3737

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed [Signature]
Licensed Embalmer No. 3737

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.)