

Registration District No.

Primary Registration District No.

791

1003

SEP 14 1939

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (c) Name of hospital or institution: City Hospital  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1  
 (c) City or town St. Louis [13]  
 (d) Street No. City Infirmary  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME Samuel Dorsett

8. (b) If veteran, name war unk 8. (c) Social Security No. unk

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>abt. 72</u>			

9. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name unknown

18. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eugene Proulx

(b) Address 1576 Louisa

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis 1-16-39

18. (a) Signature of funeral director John M. Quisenberry

(b) Address 3500 Ridge

19. (a) AUG 1 1939 (b) J. F. Bredenkamp  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 11 year 1939 hour 11 minute 50A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Duration \_\_\_\_\_

right jaw, tetanus

Due to pleurisy, suffocation

Due to fall to granitoid floor

at City Infirmary

Other conditions (Include pregnancy within 3 months of death)

July-1-1939 at

Major findings: Abut. 12 30 PM

Of autopsy accident

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 7/11/39

(c) Where did injury occur? St. Louis Mo  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?  
 (Specify type of place) Public Place

While at work? \_\_\_\_\_ (e) Manner of injury fall

23. Signature John M. Quisenberry (M.D. or other)

Address Deputy Coroner Date signed \_\_\_\_\_

WHILE I LIVE I WILL USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I XESST

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.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**