

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

34413

Registrar's No.

8951

Registration District No.

1003

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
(Specify whether Unknown)
In this community Unknown
years, months or days

NOV 13 1939

3. (a) PRINT FULL NAME

Dorsey Weems 520

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race negro

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Ellen Dorsey Weems

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Nov. (Month) 27 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>10</u>	<u>22</u>	hr. min.

9. Birthplace Pittsburg Pa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name unknown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant's own signature Dorsey Weems Jr

(b) Address 2941 Easton Ave.

17. (a) Burial (b) Date thereof 10/20/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director W. C. McEwell

(b) Address 3506 Franklin Ave

19. (a) OCT 20 1939 (b) J. B. Beck
(Date of death) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL") 21
(d) Street No. 2941 Easton Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19
year 1939 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from 10-17-
19 39 to 10-19- 19 39
that I last saw him alive on 10-17-39, 19 39
and that death occurred on the date and hour stated above.

Immediate cause of death SARCOMA OF PAROTID GLAND, PT. Duration 2 yrs.

Due to Arteriosclerotic Heart Disease 2 yrs.

Due to PT.

Other conditions PT.
(Include pregnancy within 3 months of death)

Major findings: PT.
Of operations

Of autopsy Sarcoma of Parotid Gland,
Arteriosclerotic Heart Di

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

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. C. McEwell (M. D. or other) 10-20-39
Address 2641 N. "Hittier St. Date signed _____

Duration
2 yrs.
2 yrs.
PT.
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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.....

not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed *W J M*.....

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.