DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34519

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 9057

1. PLACE OF DEATH:
(a) County St. Louis NOV 13 1939
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1331 Temple Pl. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. 1 (b) County 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1331 Temple Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50yrs. years.

3. (a) PRINT FULL NAME Michael Dorrin 650

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ida Dorrin not known

6. (c) Age of husband or wife if alive 55 years

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

8. AGE: Years about 66 | Months | Days | If less than one day hr. min.

9. Birthplace Russia 7
(City, town, or county) (State or foreign country)

10. Usual occupation Wholesale Grocer 7

11. Industry or business 7

FATHER
12. Name Nathan Dorrin 7
13. Birthplace unknown Russia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ida Dorrin
(b) Address 1331 Temple Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-39 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H. Rindskopf
(b) Address 5216 Delmar

19. (a) OCT 24 1939 (Date received for registration) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1939 hour 7 minute 00 A M.

21. I hereby certify that I attended the deceased from 1938, 19, to Oct. 24, 1939;
that I last saw him alive on Oct. 24, 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac decompensation.	
Due to Aortic regurgitation.	
Due to Luetic heart disease.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature Julius Elson (M. D. or other)
Address 4500 Olive Date signed 10/24/39.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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.

50M-5-17-39
Rev. 5-17-39
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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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3830

P. O. Address Chas W. Cooper

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.