No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4665

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1495

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4405a Strodtman Pl.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 9
(If outside city or town limits write "RURAL")

(d) Street No. 4405a Strodtman Pl.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 135 Lucinda Dorton

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William

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

7. Birth date of deceased April (Month) 5 (Day) 1861 (Year)

8. AGE: Years 78 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Meggs (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Housewife 4

11. Industry or business 0

FATHER
12. Name Daniel Wood 1
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Oscar E. Dorton
(b) Address 6544 Smilley

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-15-40 (Month) (Day) (Year)
(c) Place: burial or cremation Doe Run, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) FEB 14 1940 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Jan.~~ FEB 11 day ~~1940~~ 11
year 1940 hour 515 minute 15 M.

21. I hereby certify that I attended the deceased from July 15 1939 ~~Jan 11~~ 1940 to FEB 11 1940
that I last saw her alive on FEB 11 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Bronchial Pneumonia	one week
Due to	
Due to	
Other conditions Chronic Diabetis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 James M. Haven (M. D. or other) 1
Address 2025 A. Jefferson Date signed 2/13/40

(Licensed Embalmer's Statement on Reverse Side)

1495

1495

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 Albert E. Hoffman

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.