

S. No. 2  
-11-10-30  
5-17-30  
P. I. X2152

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13466

State File No. \_\_\_\_\_  
Registrar's No. **3668**

**MAY 15 1940**

Registration District No. **791**

Primary Registration District No. **1003**

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

**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: St. Louis City Hospital #1  
(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)

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**3. (a) PRINT FULL NAME** Genevieve L. Dorsey **620**

**8. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Female **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** Jan. 23 1891  
(Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
	49	2	29	hr. _____ min.

**9. Birthplace** St. Louis Mo.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Attendant **1**

**11. Industry or business** City Hospital

**12. Name** Harry Dorsey **6**

**18. Birthplace** New York N.Y.  
(City, town, or county) (State or foreign country)

**14. Maiden name** Ellen Murphy

**15. Birthplace** St. Louis Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Harry Dorsey

**(b) Address** 5965 Cote Brillante

**17. (a) Burial** **(b) Date thereof** 4-24-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation.** Calvary Cemetery Cullinane Bros.

**18. (a) Signature of funeral director** \_\_\_\_\_

**(b) Address** 1710 N. Grand Blvd.

**19. (a) APR 23 1940** **(b)** \_\_\_\_\_  
(Date received local registrar) (Signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 5965 Cote Brillante Ave.  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 21  
year 1940 hour 12. minute 22 P. M.

**21. I hereby certify that I attended the deceased from** November 7th, 1939, to April 21st, 1940,  
that I last saw her alive on April 14th, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis & suddenly

Due to Coronary lesions **6**  
months

Other conditions: Auricular Fibrillation

(Include pregnancy within 3 months of death)

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ **(e) Means of injury** \_\_\_\_\_

**23. Signature** As P. Munsch **(M. D. or other)** \_\_\_\_\_

**Address** 306 Humboldt Bldg **Date signed** April 23 1940

**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

*Fred Frick*

Licensed Embalmer No. *3186*

P. O. Address *St. Louis, Mo.*

**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.**