

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town Peoples Hospital
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3449 Pine St, St Louis, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 days
 In this community 15 years, (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Frank Dorsey, 620

3. (b) If veteran, name war XXX 3. (c) Social Security No. 493-10-867

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Dorsey 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased 6-17-1877
 (Month) June (Day) 17th (Year) 1877

8. AGE: Years 62 Months 8 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Vicksburg, Miss.
 (City, town, or county) (State or foreign country)

10. Usual occupation Porter, Public Service.
Street Railway.

11. Industry or business _____

12. Name Benjamin, F. Dorsey.

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

14. Maiden name Percilia Yancy,

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

16. (a) Informant's own signature Clara B. Dorsey.

(b) Address 137 Prospect, Kirkwood, Mo.

17. (a) Burial (b) Date thereof 5/5th, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem t.

18. (a) Signature of funeral director John H. Humphreys

(b) Address 408 S. Filmore, Kirkwood, Mo.

19. (a) MAY 4 1940 (b) J. F. Budick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis,
 (c) City or town Kirkwood NR
 (If outside city or town limits, write "RURAL")
 (d) Street No. 137 Prospect,
 (If rural, give location)
 (e) If foreign born, how long in U.S.A.? U.S.A. 62 yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd,
 year 1940 hour 3.10. minute A. M. _____

21. I hereby certify that I attended the deceased from
4-21, 1940, to 5-3, 1940
 that I last saw him alive on 5-2, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Arteriosclerosis

Due to Hypertensive heart disease

Due to Chronic nephritis

Other conditions hypes
 (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 J. F. Budick (M. D. or other) _____
 Address 3100 S. Lucas Date signed 5/3/40

WHILE 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.

1 x181

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.....

Myself

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2266

P. O. Address 2812. Thomas, 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.