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13-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41120
10891

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

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: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-Day (Specify whether years, months or days)
In this community 18-Years /

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis. 19
(If outside city or town limits, write "RURAL")

(d) Street No. 3909 Westminster
(If rural, give location)
0

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

3. (a) PRINT FULL NAME Elizabeth Dorr

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John H. Dorr.

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

7. Birth date of deceased January (Month) 6, (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
63	11	24	hr. min.

9. Birthplace Virdan, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home. /

11. Industry or business 4

MOTHER FATHER

12. Name Thomas Sceavorn. 4

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

14. Maiden name Emma Warekington.

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

16. (a) Informant Mrs. H. G. Hemphill

(b) Address 3909 Westminster Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) DEC 31 1940 (Date received local registrar) (b) J. F. Bruder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th.
year 1940 hour 1:20 minute P. M.

21. I hereby certify that I attended the deceased from 9/5/39, 19 to 12/30/40, 19;
that I last saw her alive on 12/30/40, 19;
and that death occurred on the date and/hour stated above.

Immediate cause of death Cirrhosis of liver — Duration 2 yrs

Due to

Due to

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?

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

23. Signature Jules H. Popp (M. D. or other) M.D.
Address 4500 Olive Date signed 12/30/40

(Licensed Embalmer's Statement on Reverse Side)

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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, fact should be so stated above.