

No. 2
4-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12812

State File No. _____

FILED MAY 13 1941
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3242

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether)

In this community 21 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17 21

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

(d) Street No. 802 N. Jefferson
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Louis Dorsey

3. (b) If veteran, name war Unk

3. (c) Social Security No. Unk

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Unk

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 25, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>7</u>	<u>7</u>	hr. min.

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

10. Usual occupation N11

11. Industry or business _____

MOTHER FATHER {

12. Name Louis Dorsey

13. Birthplace Miss 1
(City, town, or county) (State or foreign country)

14. Maiden name Jane White

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

16. (a) Informant Florence A. Spittal

(b) Address Homer G Phillips Hospital

17. (a) _____ (b) Date thereof 4-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director W. R. ...

(b) Address 3502 ...

19. (a) **APR 15 1941** (b) J. T. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1941 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from March 28, 1941 to April 2, 1941; that I last saw him alive on April 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic Heart Disease with Decompensation

Duration 8 - 10 months

Due to _____

Due to _____

Other conditions Asst. ...
(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 Edw. W. ... (M. D. or other) _____

Address 2601 N. Whittier St. Date signed _____

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.