S. No. 2
M—1-4-41
r. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 16442

Registration District No. 791 Primary Registration District No. Registrar's No. 3960

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

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175

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. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 118
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1203a So. Cardinal (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna White
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race C
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Will White
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased May (Month) 27 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
44	11	11	hr. min.

9. Birthplace St Charles County (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housework
11. Industry or business
12. Name George Dorsey (FATHER)
13. Birthplace Millwood (City, town, or county) Mo (State or foreign country)
14. Maiden name Mary Dorsey (MOTHER)
15. Birthplace Cola (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mary Dorsey
(b) Address 1203a So Cardinal Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director [illegible]
(b) Address 3733 Billy Ave
19. MAY 10 1941 (Date received local registrar) (Registrar's signature) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th year 1941 hour 6 minute 53 A.M.
21. I hereby certify that I attended the deceased from 3-24-41 to 5-8-41 that I last saw her alive on 5-8-41 and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerotic Heart Disease
Due to Hypertension
Due to Nephrosclerosis
Due to

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] M.D.
Address [illegible] Date signed [illegible]

(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 S. J. Hatton

Licensed Embalmer No. 269 P

P. O. Address 2769 Chouteau

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.