

Registration District No. 784

Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether  
In this community 20 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town S. Kinloch  
(If outside city or town limits, write "RURAL")  
(d) Street No. Old Folks Home  
(If rural, give location)  
(e) Citizen of foreign country? ? (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Charles Dorsey

3. (b) If veteran, name war

unknown

3. (c) Social Security No.

unknown

4. Sex male

5. Color or race colored

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

6. (b) Name of husband or wife Minnie Dorsey

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

7. Birth date of deceased May 24 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>4</u>	<u>25</u>	hr. _____ min.

9. Birthplace Old Mexico  
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Charles Dorsey  
13. Birthplace unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant JOSEPHINE GARNER

(b) Address 458, W. KIRKHAM

17. (a) Father Dickson (b) Date thereof Oct 25-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J. C. Lewis

(b) Address 27 E. Laurel St. St. Louis

19. (a) OCT 25 1941 (b) J. C. Lewis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19  
year 1941 hour 9 minute 45 P. A. M.

21. I hereby certify that I attended the deceased from 10-13-41  
19\_\_\_\_ to 10-19-41 19\_\_\_\_  
that I last saw him alive on 10-19-41  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Right Parotid gland metastatic  
Duration 8 months

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions "Emaciation & anemia"  
(Include pregnancy within 3 months of death)  
Hypertensive C. V. disease

Major findings: 558  
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 J. C. Lewis (M. D. or other) MD  
Address St. Louis Co. Hosp. Date signed 10-21-41

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

51  
32  
3

**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:

Theodore J. Yandell

Registered Apprentice No. 262 -

working under my personal supervision.

Signed

J. C. Lewis

Licensed Embalmer No. 2027

P.O. Address

Webster Groves

**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.**