

FILED MAR 17 1942 791

Registration District No.

Primary Registration District 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:
5231 Alabama Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Dorcas Breece

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 9 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 8 18 hr. min.

9. Birthplace Posey Co. Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name John M. Duckworth

13. Birthplace Posey Co. Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Martha Johnson

15. Birthplace Posey Co. Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. McGee
(b) Address 4619a Washington Ave.

17. (a) Burial (b) Date thereof 3-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springerton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) 1942 J. T. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5231 Alabama Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27,
year 1942 hour 3:00 minute A.M.

21. I hereby certify that I attended the deceased from Sept. 4, 19 41 to Feb. 26, 19 42
that I last saw her alive on Feb. 26, 19 42;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Endocarditis Duration 6 mos

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)
(c) Means of injury.....

23. Signature A. W. Peters (M. D. or other) M.D
Address 4145 a S. Grand Blvd. Date signed 2/27

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.....

G. W. Wilkinson

Licensed Embalmer No.....

3575

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.