

1942
 OCT 21 1942

1003

Registral's No. **8379**

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days (Specify whether
 In this community 26 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 099
17
 (c) City or town St. Louis, 9 18
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3330a Hickory
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Mary Dorsey

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex Female / race ene 5. Color or
 6. (a) Single, widowed, married, 2 divorced widow
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
 alive..... years

7. Birth date of deceased July 15 1872
 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 19 If less than one day
 hr. min.

9. Birthplace Mill wood mo 0
 (City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business.....

MOTHER FATHER
 12. Name James Higgins
 13. Birthplace unk miss 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Matilda Robinson
 15. Birthplace mill wood mo 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Marquette Armour
 (b) Address 3330a Hickory St

17. (a) Burial (b) Date thereof 10-10-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & son

(b) Address 3133 Beech ave

19. (a) OCT 9 1942 (b) J. F. Buddeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4,
 year 1942 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from October
2, 1942 to October 4, 1942
 that I last saw her alive on October 4, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death
Degenerative Heart Disease with
Marked Anasarca
Chr. Nephritis

Duration
Unknown
Unknown

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 sta-
 tistically.

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 S. E. Smith (M. D. or other)
 Address 2601 S. Hillier Date signed 10/5/42

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.