. S. No. 2
DM—5-42
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

35320

State File No.

Registrar's No. 9648

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: Little Sisters Of The Poor 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3400 So. Grand Blvd.
(Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Missouri (b) County 9 16

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

(d) Street No. 3400 So. Grand Blvd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ernest Dorschel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lucy

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

7. Birth date of deceased Feb. (Month) 4, (Day) 1859 (Year)

8. AGE: Years 83 Months 9 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name August Dorschel

13. Birthplace (City, town, or county) Don't Know 9 (State or foreign country)

MOTHER 14. Maiden name Don't Know

15. Birthplace (City, town, or county) Don't Know 9 (State or foreign country)

16. (a) Informant Sister Theresa

(b) Address 3400 So. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/42 (Month) (Day) (Year)

(c) Place: burial or cremation SS.Peter&Paul Cem.

18. (a) Signature of funeral director Gebker-Berg Mortuary

(b) Address 2842 Meramec St.

19. (a) NOV 19 1942 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19, year 1942 hour 9m minute 30A.M.

21. I hereby certify that I attended the deceased from Jan 4, 1942 to Nov 19, 1942, that I last saw him alive on Nov 17, 1942, and that death occurred on the date stated above.

Immediate cause of death Arteriosclerosis General 3 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 (M. D. or other)

Address Union Club Date signed 11/19/42

(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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Joe S Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.

St. Louis, Mo.

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.