

S. No. 2
DM-5-42
v. 5-17-39
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35321

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **10005**

FILED **DEC 11 1942**

Registration District No. **215** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Madison**

(c) City or town **Fredericktown**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? **/** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Martha Dorsey**

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **John J. Dorsey**

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

7. Birth date of deceased **October 1, 1865**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	1	27	hr. _____ min. _____

9. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown Parker**

13. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Dorsey**

(b) Address **3853 Cleveland Avenue**

17. (a) **Burial** (b) Date thereof **11/29/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cold Water, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe, Inc**

(b) Address **4700 Washington Blvd.**

19. (a) **DEC 1 1942** (b) **J. P. Prudeck**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **28**
year **1942** hour **11** minute **40**

21. I hereby certify that I attended the deceased from **Oct 1** to **Nov 28**
that I last saw **her** alive on **Nov 27** and that death occurred on the date and hour stated above.

Immediate cause of death **cardiac arrest of lungs**

Due to **arterio sclerosis**

Due to **senility**

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations **no operation**

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 **C**

23. Signature **Metropolsky** (M. D. certificate)
Address **Metropolsky** Date signed **11/29/42**

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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..... *Albert G. Hoffer*

Licensed Embalmer No..... *2971*

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.