

**FILED JAN 15 1943**  
Registration District No. **109**

Primary Registration District No. **109**

Registrar's No. **2705**

96  
35  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Maplewood**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **7450 Gayola 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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**

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

(d) Street No. **7450 Gayola Ave.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Frances T. Dorlac**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **19**  
year **1942** hour \_\_\_\_\_ minute **5 p.** M.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Arthur J. Dorlac** 6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **January 23, 1889**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **6-1-1942** to **12-1-1942**, 1942  
that I last saw h. **o.c.** alive on **12-1-1942** and that death occurred on the date and hour stated above.

8. AGE: Years **53** Months **10** Days **26** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Cerebral Hemorrhage** Duration **30 min.**

9. Birthplace **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)

Due to **Hypertension (arterial)** **2 years**

10. Usual occupation **Housewife**

Due to **Cardio-vascular renal disease**

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER { 12. Name **Charles Leroni**

13. Birthplace **Switzerland** **5**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Botta**

15. Birthplace **Switzerland** **5**  
(City, town, or county) (State or foreign country)

Major findings: Of operations **None** **13/10**

Of autopsy **None**

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Arthur J. Dorlac (husband)**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(b) Address **7450 Gayola**

(b) Date of occurrence \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **Dec. 22-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(c) Place: burial or cremation **Calvary Cem.**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director **M. J. Croghan**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

(b) Address **7446 Manchester Ave.**

23. Signature **T. R. [unclear]** (M. D. or other) **M. D.**

19. (a) **DEC 21 1942** (b) **E. B. McCarroll**  
(Date received local registrar) (Registrar's signature)

Address **2816 [unclear]** Date signed **12-21-42**

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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..... *Helford G. Beumley* .....  
Licensed Embalmer No. *4202* .....  
P. O. Address..... *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.**