

LED MAY 12 1943

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 79

1. PLACE OF DEATH:  
 (a) County St. Charles  
 (b) City or town St. Charles  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
317 Clark Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Charles  
 (c) City or town St. Charles  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 317 Clark Street  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Esther Dorais  
 3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 16  
 year 1943 hour 11 minute 55 P. M.  
 21. I hereby certify that I attended the deceased from 12/2 1943, to 3/15 1943;  
 that I last saw her alive on 3/15 1943;  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Louis Dorais 6. (c) Age of husband or wife if alive ✓ years  
 7. Birth date of deceased September 17 1864  
 (Month) (Day) (Year)

Immediate cause of death Carcinoma of left breast  
7 metastases to lungs etc  
 Duration 1 year 8 mos

8. AGE: Years 78 Months 10 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to 50  
 Other conditions generalized arteriosclerosis 3 years?  
 (Include pregnancy within 3 months of death)

9. Birthplace Kansas City, Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name Abraham Roberts  
 13. Birthplace Unknown - Ireland  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Helen Barnes  
 15. Birthplace Unknown - Ireland  
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following: No  
 (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 George E. Kester (M. D. or other) MD  
 Address St. Charles Mo Date signed 4/16/43

16. (a) Informant William Dorais  
 (b) Address 317 Clark, St. Charles, Mo  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19 1943  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Charles Rosewood Cem  
 18. (a) Signature of funeral director H. C. Dalmeyer & Sons Co  
 (b) Address 201 1/2 Second, St. Charles, Mo  
 19. (a) 4-17-43 (Date received local registrar) (b) Conrad E. Paul (Registrar's signature)

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

22  
 39

130

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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 John G. Dallmeyer  
Licensed Embalmer No. 2951  
P. O. Address St Charles 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.**