

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1944 318

State File No. _____

5047
2040

Registration District No. _____

Primary Registration District No. _____

Registrar's 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:
Isolation Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution 2-27-44 to
(Specify whether
 In this community 2-28-44
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1441 N. 18th St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Nathaniel Dorsey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Colored
 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 6th 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Rockbridge KY
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

THOMAS DORSEY

12. (a) Birthplace SHELBYVILLE, KENTUCKY
(City, town, or county) (State or foreign country)

13. Maiden name GERTRUDE STONER

14. Birthplace BARDHOWN, KENTUCKY
(City, town, or county) (State or foreign country)

15. Informant Henrietta Buchanan

(b) Address Isolation Hospital

17. (a) burial (b) Date thereof 3-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

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

(b) Address 3133 Bell Avenue

19. (a) MAR 1 1944 (b) J. F. Braduch
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 28
 year 1944 hour 8 minute 25 a.m.

21. I hereby certify that I attended the deceased from 2-27-44
 _____, 19____, to 2-28-44, 19____;
 that I last saw him alive on 2-28-44, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Purulent meningitis Duration _____
 Due to probably pneumococcus

Due to J.P.A.
 Other conditions acute endocarditis
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy above

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 D

23. Signature Dr. Maxwell (M. D. or other) _____
 Address 5600 Arsenal Date signed 2-28-44

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

MOTION FILED
 Copy of copy
 given to
 4-5-44

MAR 16 1944

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 *S. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
County of City of St Louis } ss.

State File No. _____
Local Registrar's No. 2040

AFFIDAVIT FOR CORRECTION OF A RECORD

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

On this 10th day of March, 1944, before me appears James Dorsey, who, upon his oath, states that the original record of ^{birth} death for Nathaniel Dorsey, died February 28th, 1944, in the State of Missouri, and which was filed at St Louis, Mo., on March 1st, 1944, should be corrected as follows:

Item No. 3-A should read Nathaniel Dorsey

Instead of Nathaniel Dorsey -

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

* Affiant James Dorsey (son)
6174 Municipal Ave
Relationship.
Present Address.

Subscribed and sworn to before me this 10 day of March, 1944

My Commission expires _____ My Commission Expires March 4, 1945 Paul J. Judd Notary Public.

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