

Registration District No.

Primary Registration District No.

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:
1408 Rutger Lane /
 (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 Missouri (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1408 Rutger Lane
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
 year 1944 hour 5:30 minute A. M.
 21. I hereby certify that I attended the deceased from
December 4, 1942, to March 22, 1943;
 that I last saw her alive on Sept 16, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Carcinoma of cervix uteri
 Duration 1 1/2 months
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
 Of operations.....
 Of autopsy.....

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 Harold M. Clark (M. D. or other)
 Address Round Hill Camp Hospital Date signed 3/22/44

3. (a) PRINT FULL NAME

Almyra C. Dorris

3. (b) If veteran, name war.....

None

3. (c) Social Security No.

Unknown

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Russell Dorris

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased May 13 1908
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 10 9 hr. min.

9. Birthplace Leeds North Dakota
 (City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business.....

MOTHER FATHER

12. Name John Andrews

13. Birthplace Alton Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Andrews

15. Birthplace Girard Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Andrews

(b) Address Alton, Missouri

17. (a) Burial (b) Date thereof 3-26-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Missouri

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

(b) Address 4700 Washington Blvd.

19. (a) 23 1944 (b) J. F. Bensch
 (Date received local registrar's certificate) (Registrar's signature)

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

AUG 26 1958

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 W. Warner

Licensed Embalmer No. 1861

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.