S. No. 2
M—8-43
5-17-39
P1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35804

Registrar's No. 10251

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 Homa Phillips Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community (years, months or days) 21 years

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. 1411 N. 21st Street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lewis Dorsey

3. (b) If veteran, name war no

3. (c) Social Security No. unknow

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Lula Dorsey

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb. (Month) 2 (Day) 1889 (Year)

8. AGE: Years 55 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Fort Gibson (City, town, or county) Miss. (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name ? Dorsey
13. Birthplace Unknow (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknow
15. Birthplace Unknow (City, town, or county) (State or foreign country)

16. (a) Informant Lula Dorsey
(b) Address 1411 N. 21st Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son.
(b) Address 2629-31 Cole Street

19. (a) NOV (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)
DEC 1 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th
year 1944 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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

23. Signature James J. Litz Deputy Coroner (M. D. or other)
Address 1300 Clark Date signed 11-25-44

(Licensed Embalmer's Statement on Reverse Side)

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address City.

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.