S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21668

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5817

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: 2022a Adelaide 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 Missouri (b) County 000

(c) City or town St. Louis 917
(If outside city or town limits, write "RURAL")

(d) Street No. 2022a Adelaide Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CATHERINE DORN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Dorn

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

7. Birth date of deceased June (Month) 30 (Day) 1864 (Year)

8. AGE: Years 82 Months 0 Days 0 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Lawrence Whalen
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Margaret Whalen
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Myrtle Peters
(b) Address 2022a Adelaide Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) JUL 2 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1946 hour 6 minute 30 A M.

21. I hereby certify that I attended the deceased from June 29th, 1946, to June 30th, 1946
that I last saw her alive on June 29th, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1 day
Due to Senile Arterial Sclerosis	?
Due to Old Chronic Myocarditis	
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 Alf. Thos. Vogler (M. D. or other)
Address 4 [illegible] W. Florissant Ave. Date signed 7/1/46

(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.....

Licensed Embalmer No.....

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.