. S. No. 2
OM—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2444

FILED FEB 13 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1048

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: St. Rose's Catholic Church
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1001 GOODFELLOW (Specify whether

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0-10

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1202 Temple Pl. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME PATRICK D. DORSEY

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Late Kathryn

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

7. Birth date of deceased Nov. (Month) 2 (Day) 1884 (Year)

8. AGE: Years 63 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation Foreman

11. Industry or business Brown Shoe Co.

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

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

16. (a) Informant Mary Dorsey
(b) Address 1202 Temple Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) FEB 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1
year 1948 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from 8/12, 1941, to 12/26, 1947; that I last saw him alive on 12/26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart disease

Due to Arterio Sclerosis

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration

PHYSICIAN

Underline the cause of 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 None

(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? None (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 6125 Barton Date signed 2/2/48

P.J.Reilly

Jefferson City Printing Co. (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 Edwin A. McDermott

Licensed Embalmer No. 3024

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.