

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

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 25 yrs years, months or days)

3. (a) PRINT FULL NAME Mollie Dorsey

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race Negro

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

6. (b) Name of husband or wife Peter Dorsey 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September 2 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 7 28 hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Nelson Crowder

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

14. Maiden name no knowledge

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

16. (a) Informant George Crowder

(b) Address 507 East 38th Chicago, Ill.

17. (a) burial (b) Date thereof May 5, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address 215 So. Jefferson Ave.

19. (a) MAY 3 1948 J. F. Bruce
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 931 Brooklyn Street
26 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1948 hour 6 minute 10 a. M.

21. I hereby certify that I attended the deceased from
April 21 19 48 to April 30 19 48
that I last saw her alive on April 30 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration Undet

Due to _____

Due to _____

Other conditions Hypertensive Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No

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 _____

23. Signature Oliver L. Daniels (M. D. or other) _____

Address 2601 N. Whittier Date signed 5/3/48

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

Loyce Hale

, Registered Apprentice No. 221

working under my personal supervision.

Signed

S. J. Weston

Licensed Embalmer No. 2698

P. O. Address 2769 Chautau

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.