FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 22 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24228

Registrar's No. 6257

WRITE PLAINLY—USING 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 5720 Marquette 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 Mo. (b) County

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

(d) Street No. 5720 Marquette Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CATHERINE DORSEY

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William A.

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May (Month) 17 (Day) 1889 (Year)

8. AGE: Years 59 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Brooklyn (City, town, or county) New York (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Nolan
13. Birthplace (City, town, or county) New York (State or foreign country)

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

16. (a) Informant William A. Dorsey
(b) Address 5720 Marquette Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-48 (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) JUL 14 1948 (Date received local registrar) (b) J. F. Brisack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1948 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 1, 1947 to July 13, 1948
that I last saw her alive on July 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis

Due to Bronchogenic Ca

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Bronchogenic Ca left Metastasis to all skeletal structures

Duration 10 mo

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

(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 Delevan Perkins M.D. or other

Address 2301 N. Kingshighway Date signed 7/13/48

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 Richard W. Stoessand

Licensed Embalmer No. 4007

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.