

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27648**
Registrar's No. **7402**

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Alexian Brothers Hospital**
(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

3. (a) PRINT FULL NAME **Gerald E. Dolphy**

3. (b) If veteran, name war **World War I** 3. (c) Social Security No. **488-32-0840**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Alice Dolphy** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **February 24, 1898**
(Month) (Day) (Year)

8. AGE: Years **50** Months **5** Days **28** If less than one day _____ hr. _____ min.

9. Birthplace **Mobile, Alabama**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business _____

12. Name **Osmond C. Dolphy**

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

14. Maiden name **Charlotte**

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

16. (a) Informant **Mrs. Alice Dolphy**

(b) Address **3151 Haliday**

17. (a) **Burial** (b) Date thereof **8-25-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery Southern Funeral Home**

18. (a) Signature of funeral director **6322 S. Grand Blvd.**

(b) Address **6322 S. Grand Blvd.**

19. (a) **AUG 24 1948** (b) **J. F. Wrede**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **3151 Haliday**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **22nd**
year **1948** hour _____ minute **10**

21. I hereby certify that I attended the deceased from **Aug 2, 1948** to **Aug 22, 1948**
that I last saw him alive on **Aug 21, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Liver (Primary)** Duration **3 mo.**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **Carcinoma of Liver. Primary**

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 _____

Signature **Allen J. Tanner** (M. D. or other) **22**

Address **2614** Date signed **9/23/48**

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

MOTHER FATHER

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.