

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 7 1948
Registration District No. 317

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28472
Registrar's No. 1932

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 Days
(Specify whether
In this community 28 Days
years, months or days)

3: (a) PRINT FULL NAME DORMENON, Hermit

3: (b) If veteran, name war World I 3: (c) Social Security No. 492 16 2223

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

6. (b) Name of husband or wife Unavailable 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased March 27 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 4 16 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Moise Dormenon
13. Birthplace Unavailable
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ophelia Barrow
15. Birthplace Unavailable
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.

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

(c) Place: burial or cremation NAT. Cem. Jeff. BARRKS

18. (a) Signature of funeral director Ellis F. H. HOME
(b) Address 2820 S. Toddard ST.

19. (a) 8-16-48 (b) Cecil A. Z. Sharp, M.D.
(Date received local registrar) (Registrar's signature) (B.H.)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1322a N. 21st Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1948 hour 1:25 minute A. M.

21. I hereby certify that I attended the deceased from July 16, 1948 to August 13, 1948; that I last saw h. im alive on August 13, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDIAL INFARCTION Duration Unknown

Due to -

Due to -

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

Major findings:
Of operations No operation
- Of autopsy No 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) None
(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) (a) Means of injury A

23. Signature L. E. Stelwell (M. D. Stelwell)
Address VAH, Jeff. Bks. Mo. Date signed 8/14/48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed: *Fulton E. Culkin*

Licensed Embalmer No. *498*

P. O. Address. *St. Louis 13*

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.