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

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10939

BIRTH NO. _____ REG. DIST. NO. 3/7 PRIMARY REG. DIST. NO. 3069 Registrar's No. 486

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Hts.
c. LENGTH OF STAY (In this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ill.
b. COUNTY: 177
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Canton 11 0
d. STREET ADDRESS (If rural, give location): 502 E. Chestnut 2

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Agnes c. (Last) Dorlac

4. DATE OF DEATH (Month) (Day) (Year): Feb. 25 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 17, 1944
9. AGE (In years last birthday): 5 — If under 1 year: Months 1, Days 8; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas City, Mo. 0
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: William A. Dorlac
13b. MOTHER'S MAIDEN NAME: Theresa J. Pigg
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: William A. Dorlac 502 E. Chestnut Canton, Ill.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor Malignant — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 1936
DUE TO (c) 4 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2/22/49 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2/22, 1949, *to* 2/23, 1949, *that I last saw the deceased alive on* 2/23, 1949, *and that death occurred at* 7:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert W. Woolsey M.D.
23b. ADDRESS: 1 C Canton Village Bl.
23c. DATE SIGNED: 2/24/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 1, 1949
24c. NAME OF CEMETERY OR CREMATORY: SS Peter & Paul Cem.
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: 2-28-49
REGISTRAR'S SIGNATURE: Thomas W. Lumpp M.D.
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Kriegshauser 4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

Dr. [illegible]
16 Hampton Village Plaza

MAY 5 1949

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 ..... Student Embalmer No. ..... working under my personal supervision.

Signed Richard W. Stoversand

Signed ..... Student Embalmer

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.