

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23097

State File No. ....

Registrar's No. 1674

No. 300  
10-48

JUL 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Georgia</u> b. COUNTY <u>Chatham</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Carsonville</u> ) |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>8100</u><br>OR TOWN <u>Savannah</u>                                |  |
| c. LENGTH OF STAY (in this place) <u>6 1/2 months</u>                                   |  | d. STREET ADDRESS (If rural, give location) <u>Unknown</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Penn Nursing Home</u>                        |  |  |  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>VIRGINIA</u> b. (Middle) _____ c. (Last) <u>DORTIC</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>June 19, 1952</u> |  |  |
|---|--|--|---|--|--|

|                      |  |                               |  |   |  |  |  |   |  |
|----------------------|--|-------------------------------|--|---|--|--|--|---|--|
| 5. SEX <u>Female</u> |  | 6. COLOR OR RACE <u>White</u> |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> |  | 8. DATE OF BIRTH <u>April 19, 1871</u> |  | 9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |  |
|----------------------|--|-------------------------------|--|---|--|--|--|---|--|

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u> |  | 11. BIRTHPLACE (State or foreign country) <u>Augusta, Ga.</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |  |
|--|--|--|--|---|--|---|--|

|                                       |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|
| 13a. FATHER'S NAME <u>John Newman</u> |  | 13b. MOTHER'S MAIDEN NAME <u>Augusta Wilkinson</u> |  | 14. NAME OF HUSBAND OR WIFE <u>John Dortic</u> |  |
|---------------------------------------|--|--|--|--|--|

|  |  |                                     |  |   |  |               |  |
|--|--|-------------------------------------|--|---|--|---------------|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>none</u> |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mabel Harsh, St. Louis, Mo.</u> |  | ADDRESS _____ |  |
|--|--|-------------------------------------|--|---|--|---------------|--|

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>  |  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arteriosclerotic heart disease unknown</u> |  |  |  |  |  |
|  |  | DUE TO (c) <u>Previous cerebral hemorrhage</u>   |  |  |  | 1 year   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |  |  |  |  |

|                              |  |  |  |  |  |
|------------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION _____ |  | 19b. MAJOR FINDINGS OF OPERATION _____ |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|------------------------------|--|--|--|--|--|

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 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) <u>4200</u> |  |
|--|--|--|--|---|--|

|   |  |  |  |                                  |  |
|---|--|--|--|----------------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? _____ |  |
|---|--|--|--|----------------------------------|--|

22. I hereby certify that I attended the deceased from Dec 23, 1951, to June 9, 1952, that I last saw the deceased alive on June 17, 1952, and that death occurred at 4 P. M., from the causes and on the date stated above.

|  |  |  |  |                                 |  |
|--|--|--|--|---------------------------------|--|
| 23a. SIGNATURE <u>Lewis Littmann</u> (Degree or title) <u>MD</u> |  | 23b. ADDRESS <u>8231 Clayton Rd (17)</u> |  | 23c. DATE SIGNED <u>6/20/52</u> |  |
|--|--|--|--|---------------------------------|--|

|   |  |                          |  |   |  |  |  |
|---|--|--------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>6/21/52</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> |  |
|---|--|--------------------------|--|---|--|--|--|

|   |  |  |  |   |  |                              |  |
|---|--|--|--|---|--|------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>6-20-52</u> |  | REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Rupp, Inc.</u> |  | ADDRESS <u>Kirkwood, Mo.</u> |  |
|---|--|--|--|---|--|------------------------------|--|

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

200  
4

521 (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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, Mo

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.