

STANDARD CERTIFICATE OF DEATH

State File No. 40138
Registrar's No. 10600

FILED DEC 2 1952

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | | c. CITY: (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2079 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4845 Lee Avenue | | d. STREET ADDRESS (If rural, give location) 4845 Lee Avenue 0 | |

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|--|------------------------|--|----------------------------------|--|-----------------------------|----------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Hazard c. (Last) Dorrance | | | 4. DATE OF DEATH Nov. 18th, 1952 | | | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 9th, 1894 | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Scotts, Michigan / | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME William Dorrance | 13b. MOTHER'S MAIDEN NAME Mary Hazard | 14. NAME OF HUSBAND OR WIFE Grace E. Dorrance |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes World War #1 & #2 | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace E. Dorrance, 4845 Lee Avenue, 15, |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) _____ | 1 yr. |
| | | DUE TO (c) _____ | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | Diabetes mellitus | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? 4201 |
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22. I hereby certify that I attended the deceased from 1945; to Nov. 18, 1952 that I last saw the deceased alive on Nov. 14, 1952, and that death occurred at 1 1/2 mi., from the causes and on the date stated above.

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| 23a. SIGNATURE Leo. W. D. (Name or title) | 23b. ADDRESS 3720 Washington Blvd. | 23c. DATE SIGNED 11-15-52 |
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|---|--------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 24b. DATE 11/20/52 | 24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
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| DATE REC'D BY LOCAL REG. NOV 18 1952 | REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer,

Signed John A. McLean

Licensed Embalmer No. 4186

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.