

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11478

FILED APR 4 1953

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1003

State File No. ....

Registrar's No. 2929

|   |  |   |                      |   |  |   |  |   |  |   |  |  |  |                                 |  |
|---|--|---|----------------------|---|--|---|--|---|--|---|--|--|--|---------------------------------|--|
| BIRTH NO. ....  |  | REG. DIST. NO. ....   |                      | PRIMARY REG. DIST. NO. ....   |  | State File No. ....   |  | Registrar's No. 2929  |  |   |  |  |  |                                 |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   |                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY |  |   |  |   |  |   |  |  |  |                                 |  |
| b. CITY OR TOWN St. Louis   |  | c. LENGTH OF STAY (in this place) 10 yrs  |                      | c. CITY OR TOWN St. Louis   |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |   |  |   |  |  |  |                                 |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4444 Vista Ave.   |  |   |                      | e. STREET ADDRESS (If rural, give location) 4444 Vista Ave. 2189  |  |   |  |   |  |   |  |  |  |                                 |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Pinckney  |  |   | b. (Middle) Harrison |   |  | c. (Last) Dorris  |  |   | 4. DATE OF DEATH (Month) (Day) (Year) March 15, 1963 |   |  |  |  |                                 |  |
| 5. SEX Male   |  | 6. COLOR OR RACE White  |                      | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower  |  | 8. DATE OF BIRTH June 22, 1866  |  | 9. AGE (In years last birthday) 86                          |  | 10. UNDER 1 YEAR Months Days  |  | 11. UNDER 11 HRS. Hours Min.   |  |                                 |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired   |  |   |                      | 10b. KIND OF BUSINESS OR INDUSTRY Night Watchman  |  |   |  | 11. BIRTHPLACE (City and State or Foreign Country) Illinois |  | 12. CITIZEN OF WHAT COUNTRY? U.S.                                     |  |  |  |                                 |  |
| 13a. FATHER'S NAME Unknown  |  |   |                      | 13b. MOTHER'S MAIDEN NAME Unknown   |  |   |  | 14. NAME OF HUSBAND OR WIFE Sarah                           |  |   |  |  |  |                                 |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No   |  |   |                      | 16. SOCIAL SECURITY NO. None  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Floyd Dorris, 4444 Vista Ave.   |  |   |  |   |  |  |  |                                 |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION   |                      |   |  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH                                      |  |  |  |                                 |  |
| <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial   |                      |   |  |   |  |   |  | 1 mo  |  |  |  |                                 |  |
|   |  | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chv. myocardial |                      |   |  |   |  |   |  | 1 yr  |  |  |  |                                 |  |
|   |  | DUE TO (c) Senility   |                      |   |  |   |  |   |  | 4   |  |  |  |                                 |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |                      |   |  |   |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)   |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |  |   |  |   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? 4222 |  |
| 22. I hereby certify that I attended the deceased from Mar 1, 1950, to Mar 15, 1953, that I last saw the deceased alive on Mar 7, 1953, and that death occurred at 1:30 p.m., from the causes and on the date stated above. |  |   |                      |   |  |   |  |   |  |   |  |  |  |                                 |  |
| 23a. SIGNATURE J.R. Wentzel, M.D. (Degree or title)   |  |   |                      | 23b. ADDRESS 2726 Chestnut  |  |   |  | 23c. DATE SIGNED 3/16/53                                    |  |   |  |  |  |                                 |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal   |  | 24b. DATE 3-17-53   |                      | 24c. NAME OF CEMETERY OR CREMATORY Methodist  |  | 24d. LOCATION (City, town, or county) (State) Fredericktown, Mo.  |  |   |  |   |  |  |  |                                 |  |
| DATE REC'D BY LOCAL REG. MAR 17 1953  |  | REGISTRAR'S SIGNATURE J. Earl Smith, M.D.   |                      |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.   |  |   |  |   |  |  |  |                                 |  |

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

Student.....  
Signature of Student Embalmer

Signed.....  
*John J. Hauke*  
Licensed Embalmer No. 410

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.