S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44747

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3321

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN NORMANDY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION NORMANDY OSTEOPATHIC HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN OVERLAND (If outside corporate limits, write RURAL and give township) 23 X
d. STREET ADDRESS 2719 TENNYSON (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) SARAH b. (Middle) R c. (Last) DORN

4. DATE OF DEATH (Month) (Day) (Year) DEC 26 1953

5. SEX FEMALE **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) WIDOWED **8. DATE OF BIRTH** MAY 28 1875 **9. AGE** (In years last birthday) 78 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) HOUSEWORK **10b. KIND OF BUSINESS OR INDUSTRY** AT HOME **11. BIRTHPLACE** (State or foreign country) ST. LOUIS MISSOURI **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME MARK HAMBLETON **13b. MOTHER'S MAIDEN NAME** UNK **14. NAME OF HUSBAND OR WIFE** HARRY DORN (DECEASED)

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.** NONE **17. INFORMANT'S SIGNATURE OR NAME, ADDRESS** DOROTHY SMITH 2962 HILLEMAN

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) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Embolic Thrombosis of Central Nervous System — 24 hours

DUE TO (c) Mural Thrombus due to auricular Fibrillation — 6 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death Acute Cardiac Dilitation - pulmonary edema

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** 4331 **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) 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* June, 1953, *to* Dec 26, 1953 *that I last saw the deceased alive on* 12-25, 1953, *and that death occurred at* 3:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Martin L Richardson (Degree or title) DO **23b. ADDRESS** 2335 Brown Rd (14) **23c. DATE SIGNED** 12-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** 12-28-53 **24c. NAME OF CEMETERY OR CREMATORY** VALHALLA CEMETERY **24d. LOCATION** (City, town, or county) (State) WELLSTON MISSOURI

DATE REC'D BY LOCAL REG. 12-28-53 **REGISTRAR'S SIGNATURE** Herbert R. Domke, M.D. **25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS** EARL HILLEMAN OVERLAND MO

S2V (Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Earl L. Hellerman

Licensed Embalmer No. 3501

P. O. Address Oakland 14 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.