

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1954

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1003

State File No. 9727

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE _____ b. COUNTY _____			
b. CITY OR TOWN <i>ST. LOUIS MO</i>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <i>ST. LOUIS MO</i>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1120. N 13<sup>th</sup> St. St. Louis Mo</i>				e. STREET ADDRESS <i>1120. N 13<sup>th</sup> St. St. Louis Mo</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Ernestine</i>			b. (Middle) _____			c. (Last) <i>Dorris</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 22 1954</i>							
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Cal</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>Sept 21, 1936</i>	
9. AGE (In years last birthday) <i>18</i>		10. MONTHS <i>1</i>		11. DAYS <i>5</i>		12. HOURS <i>4 PM</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cleaner</i>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <i>Ark</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Bernett Dorris</i>			13b. MOTHER'S MAIDEN NAME <i>Hellen Linton</i>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Flora Holmes</i> ADDRESS <i>3412 Delmar</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Bronchial Pneumonia</i>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		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 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>241X</i>			
22. I hereby certify that I attended the deceased from <i>10-19</i> , 1954, to <i>10-22</i> , 1954, that I last saw the deceased alive on <i>10-22</i> , 1954, and that death occurred at <i>8:30 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>J. Earl Smith</i>				23b. ADDRESS <i>4141 Pal Blvd</i>		23c. DATE SIGNED <i>10-22-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>10-29-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Wynn, Arkansas</i>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <i>OCT 26 1954</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>F. L. Green</i> ADDRESS <i>4214 Delmar</i>		

E.P. (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.....  
Signature of Student Embalmer

Signed *[Signature]*.....  
Licensed Embalmer No. *296*.....  
P. O. Address *4214*.....

**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.**