No. 300
10.48

XC # 172 01 56
REG # 7027
SL # 3797

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9533

BIRTH NO. FILED APR 5 1955 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2782

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 915 N.GRAND, ST.LOUIS, MO.
c. LENGTH OF STAY (In this place) 18 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSP.
STREET ADDRESS (If rural, give location) 3755 FINNEY

2119
0

3. NAME OF DECEASED (Type or Print)
a. (First) EMERSON
b. (Middle) M
c. (Last) DORRIS

4. DATE OF DEATH (Month) (Day) (Year) 3-26-55

5. SEX MALE
6. COLOR OR RACE NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 12-6-98
9. AGE (In years last birthday) 56
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) PORTER
10b. KIND OF BUSINESS OR INDUSTRY LIBRARY
11. BIRTHPLACE (City and State or Foreign Country) WYNNE, ARKANSAS
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME MARSHALL DORRIS
13b. MOTHER'S MAIDEN NAME IDA SHARKS
14. NAME OF HUSBAND OR WIFE JIMMIE DORRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES
(If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 497-05-2244
17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI

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) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CONGESTIVE HEART FAILURE — UNKNOWN
DUE TO (c) HYPERTENSIVE CARDIOVASCULAR DISEASE — UNKNOWN

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 [ ] NO [X]

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? 443X

22. *I hereby certify that I VA attended the deceased from* 3-8-55, 19__, *to* 3-26-55, 19__, ~~[illegible]~~ ~~[illegible]~~ *and that death occurred at* 4:35P *m., from the causes and on the date stated above.*

23a. SIGNATURE GEORGE E. MAHA
(Degree or title) M. D.
23b. ADDRESS VAH, ST. LOUIS, MISSOURI
23c. DATE SIGNED 3-26-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-1-55
24c. NAME OF CEMETERY OR CREMATORY National Cemetery
24d. LOCATION (City, town, or county) (State) Jefferson Brks., Mo.

DATE REC'D BY LOCAL REG. MAR 28 1955
REGISTRAR'S SIGNATURE Carl Smith MD
FUNERAL DIRECTOR'S SIGNATURE Riley Undertaker
ADDRESS -3759 Finney Ave.
MJB

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 43

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.