

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9534

FILED MAR 31 1955

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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). b. STATE Missouri c. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				STREET ADDRESS 21 1116 1/2 N. 20th St.		(If rural, give location) 2219			
3. NAME OF DECEASED (Type or Print) Martha			a. (First)		b. (Middle)		c. (Last) Dorsey		
4. DATE OF DEATH 3 15 55		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH UNK. ab. 1892		9. AGE (In years) UNK. ab. 62			
5. SEX FEMALE		6. COLOR OR RACE NEGRO		10a. USUAL OCCUPATION (Give kind of work done in life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NO			
11. BIRTHPLACE (City and State or Foreign Country) ARK.			12. CITIZEN OF WHAT COUNTRY? U.S.						
13a. FATHER'S NAME PHILL PETTIT			13b. MOTHER'S MAIDEN NAME UNK.			14. NAME OF HUSBAND OR WIFE HENRY DORSEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. UNK.		17. INFORMANT'S SIGNATURE OR NAME FANNIE MAE JOHNSON					
				ADDRESS 1116 N. 20th ST.					
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) Cerebral Hemorrhage; Hypertensive Cardiovascular Disease 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.				INTERVAL BETWEEN ONSET AND DEATH Undt.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443x					
22. I hereby certify that I attended the deceased from 3-7, 1955 , to 3-15, 1955 , that I last saw the deceased alive on 3-15, 1955 , and that death occurred at 6:55 Pm. , from the causes and on the date stated above.									
23a. SIGNATURE Edw. B. Williams				(Degree or title) M.D.		23b. ADDRESS 2601 N. Whittier			
23c. DATE SIGNED 3-16-55		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 3-19-55		24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY			
				24d. LOCATION (City, town, or county) ST. LOUIS		(State) MO.			
DATE REC'D BY LOCAL REG. MAR 18 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE J. MCCLENDON					
				ADDRESS 4535 WASHINGTON					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1955
SEP 8

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 K. Cunningham*.....

Licensed Embalmer No...444

P. O. Address 2405 Main

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.