

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

FILED NOV 16 1956

State File No. **36309**
Registrar's No. **9275**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo. b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3 yrs.	c. CITY OR TOWN St. Louis		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 St. Louis Chronic Hosp.			e. STREET ADDRESS (If rural, give location) 5800 Arsenal St.		
3. NAME OF DECEASED (Type or Print) Dorothy Thorpe			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) 9-25-1956		5. SEX female		6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH 4-5-1929		9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Tenn.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank Thorpe		13b. MOTHER'S MAIDEN NAME Dora Lee	14. NAME OF HUSBAND OR WIFE single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records, 5800 Arsenal 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Epilepsy 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 1 wk you
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) 3533		
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? _____		
22. I hereby certify that I attended the deceased from: 8-15-1953 to 9-25-56 , 19____, that I last saw the deceased alive on 9-25-56 , 19____, and that death occurred at 9-15-56 , from the causes and on the date stated above.					
23a. SIGNATURE Georg Esker MD (Degree or title)			23b. ADDRESS 5600 Arsenal St.		23c. DATE SIGNED 9/27/56
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 10-31-56	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. OCT 11 1956		REGISTRAR'S SIGNATURE Carl Smith MD		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland-Aker Mortuary Service	

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

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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.....

Licensed Embalmer No.....

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.