

S. No. 300
V. 10.48.

THE DIVISION OF HEALTH OF MISSOURI

FILED NOV 29 1956

STANDARD CERTIFICATE OF DEATH

State File No. **39355**
Registrar's No. **10457**

318

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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) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>16 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3150 North 13th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>		b. (Middle) <u>B.</u>		c. (Last) <u>Dorsey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 13, 1956</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>widowed</u>		8. DATE OF BIRTH <u>Dec. 4, 1885</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Police Matron</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Central District</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Knight</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Vera Weber 3150 North 13th St.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cerebral Edema.</u> ANTECEDENT CAUSES MORAL CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severe Malnutrition</u> DUE TO (c) <u>Bilateral Pulmonary Infarcts</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Stomach</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3-4 days</u> <u>3 wks</u> <u>1 mo.</u> <u>?</u>	
19a. DATE OF OPERATION <u>7/25/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture of Rt hip - nailed</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis City Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 24 56</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell at home</u>			
22. I hereby certify that I attended the deceased from <u>7/21</u> , 19 <u>56</u> , to <u>11/13</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11/15</u> , 19 <u>56</u> and that death occurred at <u>11:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.W. Kelley</u> (Degree or title) <u>MD.</u>				23b. ADDRESS <u>St. Louis, Mo. 3220 Washington</u>		23c. DATE SIGNED <u>11-15-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-17-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 16 1956</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann & Son, Inc. 2161 E. Fair Ave.</u>			

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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Signed *Glenn W. Vay*
Student Embalmer No.
Licensed Embalmer No. *W. 3737*

P. O. Address. *St. Louis 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.