

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026754

AMENDED

Registration District No. 25 318 Primary Registration District No. 1003 Registrar's No. 6318 STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, give TOWNSHIP only) \_\_\_\_\_ Length of stay in 1b \_\_\_\_\_

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION \_\_\_\_\_ Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY \_\_\_\_\_

c. CITY OR TOWN St. Louis Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) \_\_\_\_\_ Reside on Farm Yes  No

1401 So. Ewing Ave.

3. NAME OF DECEASED (Type or print) First Middle Last

Easter Mae Dorsey

4. DATE OF DEATH Month Day Year

7 21 61

5. SEX Female 6. COLOR OR RACE Colored 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 4-5-31 9. AGE (last birthday) 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Johnnie Dorsey 13b. MOTHER'S MAIDEN NAME Ethel Clark 14. NAME OF HUSBAND OR WIFE Separated

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Ollie Mae Hudson-1409 So. Ewing Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Dilatation of the heart;

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes mellitus with acidosis.

DUE TO (c) 260x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_

Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul Johnson Deputy Coroner 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 7/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 7-9-61 23c. NAME OF CEMETERY OR CREMATORY Father Dickson's Cemetery 23d. LOCATION (City, town, or county) St. Louis (County) Missouri

24. FUNERAL DIRECTOR ADDRESS Ellis Funeral Home 2820 Stoddard St. 25. DATE RECD. BY LOCAL REG. JUL 7 1961 26. REGISTRAR'S SIGNATURE Paul Johnson, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address Alhambra

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.