

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**7900**  
Do not use this space.

REC'D MAR 9 1939

**1. PLACE OF DEATH**

(a) County St. Louis County Registration District No. 784  
 (b) Township Carondelet Primary Registration District No. 20 Registered No. 363  
 (c) City Jefferson Barracks (d) Street No. Veterans Hosp. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Bert M. Dorsey,  
 (a) Residence, No. 9900 Manchester, Avalon Ave., St.  Rock Hill, Missouri.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Dorsey,

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1939 to Feb. 25, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1875

I last saw him alive on Feb. 25, 1939 Death is said to have occurred on the date stated above, at 10:50 P.M.  
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 1 28

Cerebral Hemorrhage. Date of onset unkn.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sign Painter & Card Writer  
 9. Industry or business in which work was done, as saw mill, bank, etc. -  
 10. Date deceased last worked at this occupation (month and year) unkn. 11. Total time (years) spent in this occupation unkn.

Other contributory causes of importance:  
General arteriosclerosis with severe hypertension. unkn.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas.

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Clinical Asst., Wg. Adm. Facility  
 (ADDRESS) Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nat. Cem. DATE 3-1-1939

19. FUNERAL DIRECTOR (NAME) Jay B. Smith Funeral Home  
 (ADDRESS) 7456 Manchester Ave., Maplewood, Mo.

20. FILED MAR 1 1939 W.R. Meier Local Registrar

Name of operation none Date of -  
 What test confirmed diagnosis? Phys. exam., lab. findings. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? - Date of injury -, 19-  
 Where did injury occur? - (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury -  
 Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify C.W. Hughes, M.D., Chief Medical Officer, Veterans Administration Facility, Jefferson Barracks, Mo.  
 (Signed) (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

96

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed



Licensed Embalmer No. 4029

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 this body is not embalmed, above space should be left blank.**