No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4735

Registration District No. 791 FILED MAR 13 1940

Primary Registration District No. 1005

Registrar's No. 1565

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

1. PLACE OF DEATH:

(a) County 928n. 14th St.

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis. 25
(If outside city or town limits write "RURAL")

(d) Street No. 928 north 14street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 62" Lydia Dorsey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race col.

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 18 (Day) 1857 (Year)

8. AGE: Years 82 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Mitchell (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation housework

11. Industry or business

FATHER
12. Name Dennis Rankins 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucenda Woodruff
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Gilbert Dorsey
(b) Address 928 n. 14th St.

17. (a) (Burial, cremation, or removal) (b) Date thereof Feb. 16, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Dement & Son
(b) Address 2631 Wash St.

19. (a) FEB 15 1940 (Date received by registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febuary day 10
year 1940 hour 8 minute p M.

21. I hereby certify that I attended the deceased from November 15, 1939, to Feb. 10, 1940
that I last saw h alive on Feb 10, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Cervix	18 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 1

23. Signature J. C. Sherard (M. D. or other)
Address 1635a Carr St Date signed

(Licensed Embalmer's Statement on Reverse Side)

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~~ L. Boyt[illegible]

....., Registered Apprentice No. Murphy

working under my personal supervision.

Signed Lonnie Boyt[illegible]

Licensed Embalmer No. 2946

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, above space should be left blank.