

No. 2
11-10-39
-17-39
I X 11-10-39

State File No. _____

MAY 15 1940 7911

Primary Registration District No. 1003

Registrar's No. 3121

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alfred Dorsey 620

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 1873
(Month) (Day) (Year)

8. AGE: Years Abt. 67 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Vicksburg, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Boot black

11. Industry or business _____

12. Name Unknown 9

13. Birthplace "
(City, town, or county) (State or foreign country)

14. Maiden name Unknown J

15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Harriet Jennings

(b) Address 1817 N. 10th St.

17. (a) Burial (b) Date thereof 4/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director W. C. Gordon Und. Co.

(b) Address 2649 Delmar Blvd.

19. (a) APR 4 1940 (b) J. J. [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1817 N. 10th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30 day March
year 1940 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from March 25, 1940 to March 30, 1940; that I last saw him alive on March 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic Myo-carditis like nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Rheumatism

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 27425 Franklin Date signed _____

WRITE PLAINLY—USE 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.....

William Claude Gordon

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Wm Claude Gordon

Licensed Embalmer No. 3489

2649 Delmar Blvd.

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.