

REG FEB 25 1941

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
DePaul Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 DAYS  
(Specify whether \_\_\_\_\_)  
In this community 15 YEARS  
years, months or days)

3. (a) PRINT FULL NAME James Edward Dorais

3. (b) If veteran, name war None  
3. (c) Social Security No. 489-12-2221

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

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 4 1922  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
18 9 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace San Antonio Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist Helper

MOTHER FATHER  
12. Name James Dorais  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Lillian Lorton  
15. Birthplace Troy, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant James Dorais  
(b) Address 3916 Lee Ave.

17. (a) BURIAL (b) Date thereof 1-16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]  
(b) Address 2117 E. Grand Blvd. 8414

19. (a) JAN 15 1941 (b) [Signature]  
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 1017  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3916 Lee Ave. 9  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13  
year 1941 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Traumatic Hemorrhage due to fracture of the Spleen when the car in which he was riding driven unknown collided with a Greyhound Bus. Being operated by Harry J. Robinson about 11:30 pm Dec 28, 1940

Major findings:  
Of operations Accident  
Of autopsy no

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Dec 28, 1940  
(c) Where did injury occur? St Louis, Calvary  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

(Specify type of place) (Specify means of injury)  
While at work \_\_\_\_\_  
3

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Signature] Date signed 1/14/41

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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Frank A. Moore*

Licensed Embalmer No.

3041

P. O. Address

2117 E. Main

**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.