

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 17006
4524
Registrar's No.Registration District No. 791Primary Registration District No. 1003

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:
St. Johns Hospital
 (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

3. (a) PRINT FULL NAME Alphonse T. Dorion

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

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Jennie Dorion 6. (c) Age of husband or wife if alive 64 years7. Birth date of deceased Nov. 26th. 1876
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
64 6 2 hr. min.9. Birthplace Canada
(City, town, or county) (State or foreign country)10. Usual occupation Fire Marshall11. Industry or business Teachers Body.12. Name Joseph Dorion13. Birthplace Canada
(City, town, or county) (State or foreign country)14. Maiden name Dont Know15. Birthplace Dont Know
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Jennie Dorion(b) Address 705 North Hills Drive17. (a) Burial (b) Date thereof 5-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cem.18. (a) Signature of funeral director Prout Med Co.(b) Address 3710 N. Grand Blvd.19. MAY 29 1941 (b) J. W. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
 (c) City or town Normandy
 (If outside city or town limits, write "RURAL")
 (d) Street No. 705 North Hills Drive
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 28th,
year 1941 hour 1.07 minute P. M.21. I hereby certify that I attended the deceased from
May 24, 1941, to May 28, 1941;
that I last saw him alive on May 28, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary Embolus
Duration 2 hoursDue to hypertension. et. ?

Due to _____ ?

Other conditions Metastatic Ca. of Lung
(Include pregnancy within 3 months of death) Tuberc.Major findings: Hypertension - Metastatic
Of operations in testes - Embolism lung
PHYSICIAN _____Of autopsy Hypertension - Metastatic
in testes - Embolism lung
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 Alphonse T. Dorion (M. D. or other) J. W. Brudick
Address 306 N. 10th St. Date signed 5/29/41

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

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.

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 me

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

Signed A. A. Smith

Licensed Embalmer No. 3916

P. O. Address 3700 N. Grand St

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.