

FILED MAY 7 1942

1003

3680

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 46 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town Piedmont
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Viola Joe Dorman

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Dorman 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased July 18 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 9 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name John H. Clark
13. Birthplace Duncan Okla.
(City, town, or county) (State or foreign country)
14. Maiden name Lillian Sparkman
15. Birthplace Lindsey Okla.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Dorman
(b) Address Piedmont Mo.

17. (a) Removal (b) Date thereof 4/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Piedmont Mo.

18. (a) Signature of funeral director Albert H Hoppe
(b) Address 4700 Washington

19. (a) J. F. Fredrick (b) _____
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1942 hour 10:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 10, 1942, to April 24, 1942
that I last saw him alive on April 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
1. Gastro-intestinal hemorrhage
2. Pulmonary edema
Due to acute atrophy of the liver - post-purpural
Due to Acetphenitidin (arsenic)
Other conditions 1-5-42
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Enlarged liver, biopsy showed acute atrophy
Of autopsy _____
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 D
23. Signature Lawellon Sale, Jr. (M. D. or other) MD
Address BARNES HOSPITAL Date signed 4/24

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.....

Harold G. Burnley

.....
Licensed Embalmer No.....

4212

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, fact should be so stated above.