V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16092

FILED JUN 15 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4830

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

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. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 0
In this community 6 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 099
(c) City or town St. Louis 119
(If outside city or town limits, write "RURAL")
(d) Street No. 4422 Maffit
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Dorsey
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 3
5. Color or race C
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased (Month) (Day) (Year) 1864
8. AGE: Years 78 Months — Days — If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation DOMESTIC
11. Industry or business
MOTHER FATHER
12. Name UNK
13. Birthplace UNK (City, town, or county) (State or foreign country) 9
14. Maiden name UNK
15. Birthplace UNK (City, town, or county) (State or foreign country) 9
16. (a) Informant HENRETTA JOHNSON
(b) Address 4422 MAFFIT
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvery Cemetery
18. (a) Signature of funeral director A. L. BERLUND CO
(b) Address 2826 LUCAS AVE
19. (a) JUN 2 1942 (Date received local registrar) (b) J. J. Bulesk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30 year 42 hour 1 minute 45 A.M.
21. I hereby certify that I attended the deceased from 5-24-42 to 5-30-1942 that I last saw he alive on 5-30-42 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Lung Abscess
Due to
Bronchial Pneumonia
Due to
Other conditions (Include pregnancy within 3 months of death) None
Major findings: Of operations None
Of autopsy Abscess in left lower lobe of lung.

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 0
23. Signature L. S. Davis (M. D. or other) M. D.
Address 1536 Papin Date signed 6-2-42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2649 a Delmar Ble

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.