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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19632

Registrar's No. 5836

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hosp #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. no Home (If rural, give location) 287

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME George Dorsey

3. (b) If veteran, name war

3. (c) Social Security No.

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 Apr (Month) (Day) 1880 (Year)

8. AGE:	Years	Months	Days	If less than one day
Apr	60			hr. min.

9. Birthplace (City, town, or county) 0 Mo (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant James J Fitzsimmons

(b) Address 1300 Clark

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 6-22-44 (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutgers St

19. (a) JUN 29 1944 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 3 year 1944 hour 1 minute 35 A.M.

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

Immediate cause of death Labor Pneumonia Primary

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

108

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

23. Signature Alfred J Perry (M. D. or other)

Address Deputy Coroner Date signed 6/24/44

(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.....

Licensed Embalmer No.....

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, fact should be so stated above.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 5836

Registrar's No.

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:
City Hospital
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 28
(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 George Ellersieck

3. (b) If veteran, name war

3. (c) Social Security No. 494-01-6499

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 August (Month) 2 (Day) 1883 (Year)

8. AGE: Years 60 Months 10 Days 1 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Range Maker

11. Industry or business Last Employed by City of St. Louis Park Dept.

MOTHER, FATHER

12. Name Fred Ellersieck

13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

14. Maiden name Charlotte Sprick

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

16. (a) Informant Henry E. Ellersieck

(b) Address 5983 Drury Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Ave.

19. (a) 6-29-1944 (Date received local registrar) (b) J. F. Bueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1944 hour 1 minute 35 a. M.

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

Immediate cause of death Lobar Pneumonia Primary

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)

Address Liberty Missouri Date signed 6/29/44

(Licensed Embalmer's Statement on Reverse Side)

5/7/45

19632

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.....

Licensed Embalmer No.....

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, fact should be so stated above.

AFFIDAVIT

STATE OF MISSOURI)
) ss.
CITY OF ST. LOUIS)

This is to certify that George Ellersieck, alias George Dorsey, who expired at the City Hospital, St. Louis, Missouri, on June 3rd, 1944, and who was registered at the City Hospital under the name of George Dorsey and thus identified in the inquest conducted by the coroner of the City of St. Louis, Missouri, whereupon burial permit No. 5836 (1944) was issued by the Bureau of Vital Statistics of the City of St. Louis, is one and the same person.

I further testify that the body was identified by me, beyond any question of doubt, as being that of my brother, George Ellersieck.

Henry E. Ellersieck

Henry E. Ellersieck,
5983 Drury Lane, St. Louis, Mo.

Subscribed and sworn to before me, a notary public, this 7th day of March, 1945.

Notary Public

My commission expires March 19, 1946.