

S. No. 2
DM-5-43
v. 5-17-39
I X36671

21670

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 31 1946

1003

Registration District No. _____ Primary Registration District No. _____

Registrar's No. 5231

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. Lukes Hospital
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether _____)

In this community 35 Years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town University City
(If outside city or town limits, write "RURAL") NR5

(d) Street No. 7144 Amherst
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Nellie Dorr

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 Roy Dorr

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan. 18, 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>4</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Dont Know Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Tom Walsh

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Bulger

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

16. (a) Informant Roy Dorr

(b) Address 7144 Amherst Univ. City

17. (a) Burial (b) Date thereof 6-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JUN 12 1946 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6-10-46
year 1946 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from June 3 1946, to June 10 1946,
that I last saw her alive on June 10 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12th

Major findings:
Of operations _____

Of autopsy Coronary Artery Disease

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 0

23. Signature W. P. Brown (M. D. or other) _____
Address 3903 Olive Date signed 6/11/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

W.H. Van Matre

Licensed Embalmer No.....

2825

P. O. Address.....

4340 Lafayette

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.