S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28217

FILED SEP 13 1946

Registration District No. 3713 Primary Registration District No. 3069 Registrar's No. 1826

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: St. Louis County Hosp. O
(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
(If outside city or town limits, write "RURAL")

(d) Street No.: 1831 O'fallon St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Lucious Dorsey

3. (b) If veteran, name war: No

3. (c) Social Security No.: Unk

4. Sex: Male

5. Color or race: Col

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Annie Dorsey

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: Abt. 1897 (Month) (Day) (Year)

8. AGE: Years: Abt. 49 Months: Days: If less than one day: hr. min.

9. Birthplace: Ravell (City, town, or county) Louisiana (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business:

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

MOTHER
14. Maiden name: Hattie Martin
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Annie Dorsey

(b) Address: 1831 O'fallon St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/31/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: R. M. C. Green

(b) Address: 3517 Laclede Ave.

19. (a) 9-4-46 (Date received local registrar) (b) Ruth I. Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26 year 1946 hour 11 minute A M.

21. I hereby certify that I attended the deceased from DEATH WITHOUT MEDICAL ATTENDANCE, 19, to, 19; that I last saw h. alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: No autopsy	

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: O

23. Signature: Ruth I. Allen (M. D. or other)

Address: St. Louis Co Health Dept Date signed: 8-28-46

(Licensed Embalmer's Statement on Reverse Side)

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

28217 9-13-46

NOV 6 1946

SEP 17 1946

OCT 4 1946

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 Melvin Edward Green, Registered Apprentice No. 383, working under my personal supervision.

Signed Fulton G Culkin

Licensed Embalmer No. 498

P. O. Address St Louis 13 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.