

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1946
STANDARD CERTIFICATE OF DEATH
318
1003

State File No. **35084**
Registrar's No. **8776**

Registration District No. _____
Primary Registration District No. _____

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos 17 das
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 2 Mos
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1126 N Channing
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME STEVE DORN

3. (b) If veteran, name war None **3. (c) Social Security** No. _____

4. Sex Male **5. Color or race** Negro **6. (a) Single, widowed, married, divorced** Married

6. (b) Name of husband or wife Mattie Dorn **6. (c) Age of husband or wife if alive** 31 years

7. Birth date of deceased October 2, 1910
(Month) (Day) (Year)

8. AGE: Years 36 Months 0 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Perla Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER
12. Name Amos Dorn **13. Birthplace** unknown
(City, town, or county) (State or foreign country)

14. Maiden name Crossie Kelly **15. Birthplace** Arkadelphia Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Dorn
(b) Address 1126 No. Channing ave

17. (a) Burial (b) Date thereof 10/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. W. Roberts
(b) Address 1416 No. Taylor ave

19. (a) OCT 14 1946 (b) J. F. Bredet
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1946 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from 7-23, 1946, to 10-10, 1946
that I last saw him alive on Oct. 10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
Duration Undet.

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy No

22. If death was due to external causes, fill in the following:

(c) 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 _____ **(c) Means of injury** _____

23. Signature E. B. Williams (M. D. or other)
Address 2601 N Whittier **Date signed** 10/11/46

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.....
Fulton G. Culkin

Licensed Embalmer No. *4198*

P. O. Address *Thomas B. M.*

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.