

FILED MAR 31 1947

1003

Registrar's No. 3096

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:
3822 Russell Blvd.
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL") 17/9

(d) Street No. 3822 Russell Blvd.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH L. DORSER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race W

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

6. (b) Name of husband or wife Mable Dorser 6. (c) Age of husband or wife if alive 6-0 years

7. Birth date of deceased Jan. 20 - 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>2</u>	<u>2</u>	hr. _____ min. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1947 hour 6 A.M. minute _____ M. _____

21. I hereby certify that I attended the deceased from Jan 21 1947 to March 21 1947 that I last saw him alive on March 21 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vascular

Due to Coronary Artery

Due to _____

Other conditions (Include pregnancy within 3 months of death) of 5

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Clerk

11. Industry or business Terminal R. R. Ass'n

12. Name Dorser

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

14. Maiden name unknown

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

16. (a) Informant Mabel Dorser
(b) Address 3822 Russell Blvd.

17. (a) Burial (b) Date thereof 3-24-47
(Ritual, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SULLIVAN BROTHERS

18. (a) Signature of funeral director 2849 N. Euclid Ave.
(b) Address CALVARY CENTER

19. (a) MAR 24 1947 (b) J. J. Brennan
(Data received local registrar) (Registrar's signature)

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 _____

23. Signature R. W. Albert, M.D. (M. D. or other) _____

Address 3902 S. Lafayette Date signed 3/23/47

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

MOTHER, FATHER

Dr. ~~Robert~~ Herbert,
39th & Lafayette St.

Herbert

Dr 8074

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.....

working under my personal supervision.

Registered Apprentice No.

Signed.....

Robert Drinkman

Licensed Embalmer No.

3553

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.