

No. 300
10-47
5-17-39
P 1 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38046**
Registrar's No. **10146**

Registration District No. **318** Primary Registration District No. **1003**

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. John's Hospital
(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.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5965 Cote Brilliante Ave.
(If rural, give location)
(e) Citizen Foreign country?..... (Yes or No)
If yes, name country.....

3: (a) PRINT FULL NAME Harry G. Dorsey
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 488-20-7000

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May Scanlan Dorsey
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Dec. 8 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 11 13 hr. min.

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

11. Industry or business.....
12. Name Harry Dorsey
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Murphy
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. May Dorsey
(b) Address 5965 Cote Brilliante Ave.
17. (a) Burial (b) Date thereof 11-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.
19. (a) NOV 23 1948 (b) J. B. Sabater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 21
year 1948 hour 12 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.....
Cerebellar cysts
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death).....

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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?.....

While at work?..... (Specify type of place)
(c) Means of injury.....
23. Signature [Signature] (M. D. or other).....
Address..... Date signed 11/23/48

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

MOTHER FATHER

Handwritten mark

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, 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.