

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **35827**

BIRTH NO. _____		REG. DIST. NO. <u>17</u>		PRIMARY REG. DIST. NO. <u>3070</u>		Registrar's No. <u>2091</u>		
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>				
b. CITY OR TOWN <u>WESTLEY GROVES</u>		c. LENGTH OF STAY (in this place) <u>26 YEARS</u>		c. CITY OR TOWN <u>WESTLEY GROVES</u>		7 4		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>458 W. KIRKHAM</u>				d. STREET ADDRESS (If rural, give location) <u>458 W. KIRKHAM</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u>			b. (Middle) _____		c. (Last) <u>DORSEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 5 1949</u>	
5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>July 6 - 1882</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST JAMES MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>ANDREW MAXWELL</u>		13b. MOTHER'S MAIDEN NAME <u>CHARITY HOLBORT</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Dorsey</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Josephine JARNEY</u> ADDRESS <u>458 W. Kirkham</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROSIS OF CORONARY ARTERIES</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>GENERALIZED ARTERIOSCLEROSIS</u>					<u>15 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>420.1</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>MARCH</u> , 1948, to <u>OCT. 4</u> , 1949, that I last saw the deceased alive on <u>OCT. 4</u> , 1949, and that death occurred at <u>5<sup>40</sup> A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>James B Jones</u> (Degree or title) <u>0 M.D.</u>				23b. ADDRESS <u>337 N. Lockwood</u> <u>Westley Groves 19 Mo</u>		23c. DATE SIGNED <u>Oct 6, 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-8-49</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>FATHER DICKSON</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>			
DATE REC'D BY LOCAL REG. <u>10-7-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donk</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Malcolm Lewis</u>		ADDRESS <u>22 Euclid Ave</u>		

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. 350

working under my personal supervision.

Student Daniel W. Hough  
Student Embalmer

Signed A. D. Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.