

FILED JUL 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21536

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>3463</u>		Registrar's No. <u>2589</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>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>9 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Hill</u>		<u>4631</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>315 Euclid</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AGNES</u> b. (Middle) _____ c. (Last) <u>DORSEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 4, 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>8-19-1871</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u>15</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Miles Dorsey</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Donnelly</u>		14. NAME OF HUSBAND OR WIFE _____			
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>William Dorsey, above</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of Colon</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforation of the Cecum</u> DUE TO (c) <u>Intestinal obstruction</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153K</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>1 day</u> <u>1 day</u>	
19a. DATE OF OPERATION <u>29 April 51</u> <u>1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>Perforated Cecum + Adenocarcinoma of the Colon</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		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) (Min.)		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>4-28-1951</u> to <u>7-4-1951</u> , that I last saw the deceased alive on <u>7-4-1951</u> , and that death occurred at <u>3:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert R. Lomke M.D.</u> (Degree or title)				23b. ADDRESS <u>101 S. Brentwood, Clayton, Mo.</u>		23c. DATE SIGNED <u>7-6-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-7-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-6-51</u>	REGISTRAR'S SIGNATURE <u>Robert R. Lomke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>JAY B. SMITH</u>		ADDRESS <u>7156 Manchester Ave. Maplewood 17, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*H. P. Burgess*

Licensed Embalmer No. \_\_\_\_\_

4029

P. O. Address \_\_\_\_\_

Maplewood

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.