

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25659

State File No. ....

Registrar's No. 1796

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>		c. CITY OR TOWN <b>Kirkwood</b>	
c. LENGTH OF STAY (in this place) <b>2 1/2 weeks</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>451 Longfellow</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Leona</b>	b. (Middle) <b>Emma</b>	c. (Last) <b>Dorr</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 22, 1954</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 17, 1902</b>	9. AGE (In years last birthday) <b>52yrs</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Frederick Oswald</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Kettman</b>	14. NAME OF HUSBAND OR WIFE <b>Charles August Dorr</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>4415</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Charles Dorr</b>	ADDRESS <b>451 Longfellow Kirkwood</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arterial Sclerotic heart disease with Hypertension</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from July 5, 1954, to July 23, 1954, that I last saw the deceased alive on July 21, 1954 and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. C. Williamson</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>6336 Clayton Road</b>	23c. DATE SIGNED <b>7/23/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 24, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Edwardsville, Ill.</b>
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DATE REC'D BY LOCAL REG <b>7/23/54</b>	REGISTRAR'S SIGNATURE <b>Heber R. Ambler</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter S. Alexander &amp; Sons</b>	ADDRESS <b>6175 Delmar</b>
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(Licensed Embalmer's Signature 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.....  
Signature of Student Embalmer

Signed *Jas E. McCullough*.....

Licensed Embalmer No. *746*.....

P. O. Address *6175 Del*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.