

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034154

State File No.

FILED SEP 22 1958

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **8702**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 2 Yrs.		d. Residence within limits of a city or incorporated town! Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 23 St. John's Hospital		e. STREET ADDRESS (If rural, give location) 1290 307 S Euclid Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Sister Mary Immaculate Dorcy RSM b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 9-6-58	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 6-30-86
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious Life		10b. KIND OF BUSINESS OR INDUSTRY Sisters of Mercy	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZENSHIP OF WHAT COUNTRY? USA		13a. FATHER'S NAME Harry Dorcy	
13b. MOTHER'S MAIDEN NAME Ellen Murphy		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Sis. M. Rene RSM		ADDRESS 307 S Euclid Ave.	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Hypertensive cardiovascular disease <i>Hypertensive Cardiovascular Disease</i> INTERVAL BETWEEN ONSET AND DEATH 4 years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Rheumatoid Arthritis</i> <i>Hypertrophic Arthritis</i> 443x		Year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
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 <i>Jan</i> , 1957, to <i>Sept 6</i> , 1958, that I last saw the deceased alive on <i>Sept 5</i> , 1958, and that death occurred at <i>12:05A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Girard A. Munsch</i> (Degree or title)		23b. ADDRESS <i>35 No. Central</i>	
23c. DATE SIGNED <i>9-6-58</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-9-58	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. SEP 8 '58		REGISTRAR'S SIGNATURE <i>Carl Smith</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>White-Mullen</i>		ADDRESS 118 N. Florissant Rd.	

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 *Carl Morris*

Licensed Embalmer No. *3360*

P. O. Address *St. Louis*

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.

W. M. L. H.