

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-015076

318 Primary Registration District No. 1003 Registrar's No. 3432

STATE FILE NUMBER

AMENDED

Registration District No.

FILED APR 24 1961

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Jefferson
 c. CITY OR TOWN Festus, Mo. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 415 S. Mill. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
 EMMA Dorlac 4 7 61

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-28-87 9. AGE (last birthday) 74
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CLERK 10b. KIND OF BUSINESS OR INDUSTRY GROCERY 11. BIRTHPLACE (City and state or country) FESTUS, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Kelly, Fred 13b. MOTHER'S MAIDEN NAME Hiller, Mary 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) NO 17. INFORMANT BEN KILLY, FESTUS, MO. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Respiratory Failure
 DUE TO (b) ETIOL. UNDETER.
 DUE TO (c) 795.0
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/1/61 to 4/7/61 and last saw her/him alive on 4/7/61
 Death occurred at 8:45 pm 4/7/61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATOR (Degree or title) R. Politte 22b. ADDRESS P.O.H. 22c. DATE SIGNED 4/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 4-10-61 23c. NAME OF CEMETERY OR CREMATORY CATHOLIC 23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.

24. FUNERAL DIRECTOR ADDRESS GENTRY R. POLITTE CRYSTAL CITY, MO 25. DATE RECD. BY LOCAL REG. APR 11 1961 26. REGISTRAR'S SIGNATURE Neal Smith M.D.

DATE AMENDED
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 Gentry R. Politte

Licensed Embalmer No. 2481

P. O. Address Crystal Cit

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.