S. No. 2
DM—2-43
5-17-39
I X35897

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39721

State File No.

FILED JAN 3 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11471

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 6625 Clayton Rd. NR
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rose M. Dorsey

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Frank H. Dorsey

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 10/28/72 (Month) (Day) (Year)

8. AGE: Years 71 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation Not employed

11. Industry or business

MOTHER FATHER

12. Name Theodore Meyer

13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER

14. Maiden name Babetta Krieger

15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Jacob Meyer

(b) Address 6525 San Bonita Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/21/43 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) DEC 21 1943 (Date received by registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 year 1943 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from 12/18/43, 19..., to 12/19/43, 19...; that I last saw her alive on 12/19/43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cerebral hemmohorrage	1
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Henry C. Westermann M.D. (M. D. or other)

Address 2136 E. Grand Blvd Date signed 12/21/43

944 (Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.