

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

17000  
Do not use this space.

RECD JUN 9 1938

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1008

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1. PLACE OF DEATH 1938  
 (a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis (d) Street No. City Hospital No. 1 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 D. 2469  
 2. PRINT FULL NAME Leah Esther Dotson  
 (a) Residence, No. 4417 Oakland St. 18 (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Dotson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1910  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
28 - 28 1 22  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. hwk  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 FATHER 13. NAME Claude Harvey  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 MOTHER 15. MAIDEN NAME Grace Miller  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT (ADDRESS) Hosp. Info M. Kent  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 5/26/38  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edith E. Amhruster  
4234 Manchester  
 20. FILE MAY 26 1938 J. D. Bredeek Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/24/38  
 22. I HEREBY CERTIFY, That I attended deceased from 5/20/38 to 5/24/38  
 I last saw her alive on 5/24/38  
 Death in said to have occurred on the date stated above, at 10.35 p  
 The principal cause of death and related causes of importance were as follows:  
Cellulitis face - Furunculosis  
from insect bite  
Cavernous Sinus Thrombosis  
Septicæmia  
 Other contributory causes of importance:  
Reported by Dr. J. S. Sheets  
as originating from Insect Bite  
(Type of insect - unknown)  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury 5-14, 1938  
 Where did injury occur? St. Louis Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury at home  
Insect bite  
 Nature of injury Septicæmia  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Yes  
 (Signed) J. D. Bredeek, M. D.  
 (Address) City Hospital No. 1

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

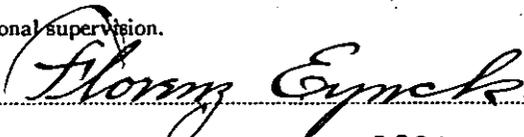
**STATEMENT BY LICENSED EMBALMER**

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. 1284.....

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, above space should be left blank.**