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.

REC'D SEP 14 1938

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

26926
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(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.

Registration District No. 791 1003
Primary Registration District No.
Registered No. 6940

D. 5320

2. PRINT FULL NAME 325 Rosella Dodgson
(a) Residence, No. 4570 Pope St. 9
(Usual place of abode, if no street address, write county or city) (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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harry Dodgson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 8, 1872

7. AGE: 66 YEARS, 3 MONTHS, 25 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as saw mill, bank, etc.: nil
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): Columbia, Missouri

FATHER
13. NAME: William Rhines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Sarah Berkfile
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Unknown

17. INFORMANT (ADDRESS): Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: Aug 6 1938

19. FUNERAL DIRECTOR (ADDRESS): Thos Kutts 2906 Gravois

20. FILED: AUG 5 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/3/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/16/38, 19, to 8/3/38, 19
I last saw her alive on 8/3/38, 19. Death is said to have occurred on the date stated above, at 11 p.
The principal cause of death and related causes of importance were as follows:

Retroperitoneal Carcinoma with metastasis to spleen

Date of onset

Other contributory causes of importance:

Name of operation: Laparotomy Date of: 7/26/38
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, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John F. Flynn, M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

I X12004

STATEMENT BY LICENSED EMBALMER

I, Thos Curtis, Licensed Embalmer No. 1619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Thos Curtis

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Thos Curtis

Licensed Embalmer No. 1619

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.)