

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH13436
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **3828**
 (c) City St. Louis Mo. or (d) Street No. 1428 A. Biddle Ave. 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.

2. PRINT FULL NAME Raphias Dozier

(a) Residence, No. 1428 A. Biddle St. **25** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Celia Dozier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
65 0 7

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. 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) Aberdeen (STATE OR COUNTRY) Miss.

FATHER 13. NAME ? Dozier
 14. BIRTHPLACE (CITY OR TOWN) Aberdeen (STATE OR COUNTRY) Miss.

MOTHER 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) Aberdeen (STATE OR COUNTRY) Miss.

17. INFORMANT 1428 Biddle (ADDRESS) Ralph Dozier

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE April 27, 1939

19. FUNERAL DIRECTOR (NAME) Wright's Funeral Home (ADDRESS) 3100 Easton Ave

20. FILED APR 25 1939 J. J. Buder Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/21/1939

22. I HEREBY CERTIFY, That I attended deceased from 4/17/1939 to 4/21/1939. I last saw him alive on 4/21/1939. Death is said to have occurred on the date stated above, at 1:35 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage of left hemisphere
preparatory
 Date of onset 4/17/1939

Other contributory causes of importance:

Cerebral hemorrhage
Stroke
 Name of operation None Date of
 What test confirmed diagnosis? Autopsy Was there an autopsy?

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?
 If so, specify
 (Signed) J. J. Buder, M. D.
 (Address) 809 N. Jefferson

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 me

Chas. Gaines, Registered Apprentice No. 2349
working under my personal supervision.

Signed Chas. Gaines

Licensed Embalmer No. 2349

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.