CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D SEP 7 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30204

Registration District No. 724 | Primary Registration District No. 109 | Registrar's No. 1423

1. PLACE OF DEATH: 2

(a) County: St. Louis
(b) City or town: Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7608 Cartan Ave.
(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: entire life

2. USUAL RESIDENCE OF DECEASED: 1

(a) State: Missouri (b) County: St. Louis
(c) City or town: Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No.: 7608 Cartan Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Frank M. Dozier 260

3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Late Victoria G. Dozier
6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Jan. (Month) 1st (Day) 1861 (Year)

8. AGE: Years 78 | Months 7 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Statistician
11. Industry or business: Frisco Rail Road Co. 0

FATHER
12. Name: Benjamin A. Dozier 1
13. Birthplace: North Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Helen Whitaker
15. Birthplace: Perry (City, town, or county) Illinois (State or foreign country)

16. (a) Informant's own signature: Francis M. Dozier
(b) Address: 7608 Cartan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-12-39 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Kriegshauser Mortuaries
(b) Address: 4228 So. Kingshighway

19. (a) AUG 10 1939 (Date received local registrar) (b) T R Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th year 1939 hour 11 30 minute P.M. M.

21. I hereby certify that I attended the deceased from 7/3/39, 19__, to 8/9/39, 19__; that I last saw h. alive on 8/9/39, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute uremic poison	7/1/39
Due to: Chr. Cardio-nephritis	13 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: none
Of autopsy: none

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: E. E. Neuman (M. D. or other)
Address: 2901 Big Bend Date signed: 8/10/39

B.C. (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 Reinhold K Lohrmann

Licensed Embalmer No. 3395

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.