

Registration District No. 701 Primary Registration District No.

1. PLACE OF DEATH: 1003 2-
(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:
3829 St. Louis Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME John E. Dott 350
3. (b) If veteran, name war.
3. (c) Social Security No. 490-03-225

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Deceased Loretta Meyer Dott
(c) Age of husband or wife if alive years 15 1897
7. Birth date of deceased Jan 15 1897
(Month) (Day) (Year)

| | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 42 | 10 | 16 | hr. min. |

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

10. Usual occupation Paperhanger

11. Industry or business

MOTHER FATHER
12. Name Louis Dott
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Rose Herbert
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis Dott
(b) Address 3829 St. Louis Ave
17. (a) Burial (b) Date thereof 12/4/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Stroot -, Carroll
(b) Address 4600 Natural Bridge Ave
19. (a) DEC 3 1939 (b) J. F. Brechuk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 3829 St. Louis Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 1 day 1st
year 1939 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from Aug 4-1918
Nov 25 1939 to 19 ;
that I last saw him alive on Nov 25 1939
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Due to
Due to
Other conditions Epilepsy
(Include pregnancy within 3 months of death)

Duration

21 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy at Cronquist

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature E. A. Schwinger M.D. (Physician)
Address 4470 Natural Bridge Date signed 12-3-39

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.....

Frank H. Hunt

Licensed Embalmer No. 2265

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.