

State File No. ....

Registrar's No. ....

FILED MAR 17 1942  
91

Registration District No. ....

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(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:  
809 N. Jefferson 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 18 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County 25-000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1434 Biddle St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Rallie Dozier  
3. (b) If veteran, name war NO  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 3rd  
year 1942 hour 6 minute 0 M.  
21. I hereby certify that I attended the deceased from Jan 29  
1942 to Feb 3, 1942  
that I last saw him alive on Feb 3, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Col.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife.....  
Juenetter Dozier  
6. (c) Age of husband or wife if alive 46 years

Immediate cause of death.....  
Acute dilatation of the heart  
Due to.....  
acute  
arteritis  
Due to.....  
lunes  
Duration  
Weeks

7. Birth date of deceased March 8, 1893  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
48 10 25 .....hr. ....min.

Other conditions (Include pregnancy within 3 months of death).....  
Major findings: Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace Conway Ark.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Restaurants Business

MOTHER FATHER:  
11. Industry or business.....  
12. Name Ralphier Dozier  
13. Birthplace Miss.  
(City, town, or county) (State or foreign country)  
14. Maiden name Celia Paterson  
15. Birthplace Clinton So. Caroline  
(City, town, or county) (State or foreign country)

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?.....

16. (a) Informant Celia Dozier  
(b) Address 1428 A. Biddle St.  
17. (a) Burial (b) Date thereof Feb. 9, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park Cem.  
18. (a) Signature of funeral director Wright's Funeral Home  
(b) Address 3100 Easton Ave.  
19. (a) FEB 6 1942 (b) Dr. J. Brudick  
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature S. T. Moore (M. D. or other)  
Address 809 N. Jefferson Date signed 2/4/42

**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.....

..... *William C. McDowell* ....., Registered Apprentice No.....  
working under my personal supervision.

Signed *William C. McDowell*  
Licensed Embalmer No. *2114*

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, fact should be so stated above.**