

FILED JUL 20 1942

State File No.

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 5745

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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:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 7 days
(Specify whether

In this community. Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5218 Dewey Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Roy W. Dodson

3. (b) If veteran, name war Yes.

3. (c) Social Security No. 492-10-8062

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 rd. year 1942 hour 12 minute 30 A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Opal

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased March 1 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-15-1942 to 7-2-1942

that I last saw him alive on 7-2-1942 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

49	4	2	hr. min.
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Immediate cause of death. Septicemia

Due to Strangulated hernia

Due to

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy

11. Industry or business Public Service Co.

12. Name Junius A. Dodson

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Emma J. Compton

15. Birthplace Illinois
(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 Luella B. Bauer

(b) Address 5218 Dewey Ave.

17. (a) Burial (b) Date thereof 7/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

While at work?

(Specify type of place) (Means of injury)

13. Signature [Signature] (M. D. or other) 0

Address Humboldt Bldg Date signed 7-4-42

18. (a) Signature of funeral director [Signature]

(b) Address 3634 Gravois Ave.

19. (a) 7/6 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 J. Hand

Licensed Embalmer No.....

21645

P. O. Address.....

St. Louis Mo

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.