. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34761

State File No. 0

FILED NOV 6 1942

Registration District No. 1854

Primary Registration District No. 200

Registrar's No. 2276

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robt. Koch Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mos. 14 da ~~life~~ (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis Missouri (b) County 000 17

(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 917½ (rear) Biddle
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Dozier, Walter

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male

5. Color or race negro 2

6. (a) Single, widowed, married, divorced m. (c-law) 1

6. (b) Name of husband or wife Bertha (common-law)

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

7. Birth date of deceased 6 (Month) 2-188 (Day) (Year)

8. AGE: Years 54 | Months 4 | Days 26 | If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation car wiper

11. Industry or business

FATHER
12. Name Calvin Dozier
13. Birthplace ? (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Lizzie ? ?
15. Birthplace ? (City, town, or county) 9 (State or foreign country)

16. (a) Informant patient on entry to hosp.
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Bernie Love
(b) Address 3103 Washington

19. (a) NOV 2 - 1942 (Date received local registrar) (b) C. G. McFarlan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1942 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 12, 1942 to Oct. 28, 1942
that I last saw him alive on Oct. 28, 1942, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death pulmonary tuberculosis	1 yr?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 61

Major findings:
Of operations
Of autopsy not done

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? Means of injury

23. Signature [signature] (M. D. or other)
Address 408 Humboldt Bldg. St. Louis Date signed

701

(Licensed Embalmer's Statement on Reverse Side)

NOV 20 1962

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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 2649 Delmar

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.