

FILED DEC 1 1942

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 9699

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether \_\_\_\_\_)  
In this community 40 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL") 25  
(d) Street No. 1435 N. 9th  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

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17  
9  
25

3. (a) PRINT FULL NAME

James Dolhart

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. unk

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Millie Dolhart 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased unk  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16,  
year 1942 hour \_\_\_\_\_ minute 45 A.M.  
21. I hereby certify that I attended the deceased from November  
8, 1942, to November 16, 1942;  
that I last saw him alive on November 16, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease with  
Decompensation  
Duration 2 years

8. AGE: Years abt 55 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Rubber

11. Industry or business W. P. A

12. Name Henry Dolhart

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

14. Maiden name Alice Jewell  
(City, town, or county) (State or foreign country)

15. Birthplace Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant Millie Dolhart  
(b) Address 1435 N. 9th St

17. (a) Burial (b) Date thereof 11.21.42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director W. H. Brock  
(b) Address 3644 Finley Ave

19. (a) NOV 21 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 J. E. Smith (M. D. or other) \_\_\_\_\_  
Address 2601 W. Baller Date signed 11/16/42

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Louis V. Atkins*

Licensed Embalmer No. ....

*2842*

P. O. Address.....

*3644 Finney Rd*

**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.**