S. No. 2
M—9-4-41
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

FILED MAR 10 1948

Registration District No. ..... Primary Registration District No. 1003

State File No. 4106

Registrar's No. 1952

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:
5814 Maple /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town 5814 Maple St. Louis 9 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5814 Maple
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME RACHEL JEANETTE DODGE

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race W /

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

6. (b) Name of husband or wife Frank Sanford Dodge

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased August (Month) 17 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	6	8	hr. min.

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

10. Usual occupation housewife

11. Industry or business .....

FATHER
12. Name Adelbert James
13. Birthplace Springfield (City, town, or county) Illinois / (State or foreign country)

MOTHER
14. Maiden name Carrie E. Huddlson
15. Birthplace Gillespie (City, town, or county) Illinois / (State or foreign country)

16. (a) Informant Mr Frank Dodge
(b) Address 5814 Maple Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/1/43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) FEB 26 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 25
year 1943 hour 2 minute 40 P M.

21. I hereby certify that I attended the deceased from Dec 1/42, 19..., to Feb. 25, 1943
that I last saw her alive on Feb. 24, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Lung	6 mo.
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None.

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? — (e) Means of injury —

23. Signature Wm J Langan Jr (M. D. or other)

Address 5803 Olympia Av, Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

5803 Plymouth

MAR 17 1943

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 Jos. E. McCullah

Licensed Embalmer No. 2460

P. O. Address 6640 Delmar

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.