

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2101

FILED MAR 20 1943 318
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:
Masonic Home of Missouri 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yr. 5 mo.
(Specify whether 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")
(d) Street No. 5351 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William H. Dodson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 2
year 1943 hour 6. 55 minute A. M.
21. I hereby certify that I attended the deceased from September 23, 1940 to March 2, 1943
that I last saw him alive on March 1, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2 divorced, widowed
6. (b) Name of husband or wife Mary Power 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: August 3, 1872
(Month) (Day) (Year)

Immediate cause of death _____
Coronary Thrombosis Duration 5 days
Due to Hypertension 3 yrs.
Due to _____

8. AGE: Years Months Days If less than one day
70 6 29 _____ 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 Mexico, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business _____

12. Name Jesse C. Dodson

13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Sarah E. Hare (State or foreign country)

15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant C. D. Rothe
(b) Address 5351 Delmar Blvd. St. Louis

17. (a) Burial (b) Date thereof 3 4 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VA HALL A.

18. (a) Signature of funeral director Alexander P. Sims
(b) Address 6175 Delmar Blvd.

19. (a) MAP (b) J. F. Brodeur
(Date received local registrar's) (Registrar's signature)

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 0
23. Signature Dolan Ferguson (M. D. or other) _____
Address 508 1/2 Grand Blvd. Date signed 3-2-43

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.....

Thomas R. Lemwick

Licensed Embalmer No.....

3793

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.