

1922

S. No. 2

M-5-42

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

12056

ED MAY 7 1943

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

4013

Registration District No.

Primary Registration District No. 1003

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:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 4 Days
 In this community..... 45 years (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..... 2219 Dickson St.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... Cora Dodd

3. (b) If veteran, name war..... none
 3. (c) Social Security No..... none

4. Sex..... female 5. Color or race..... White
 6. (a) Single, widowed, married, divorced..... Widowed

6. (b) Name of husband or wife..... late Geo. W. Dodd
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... Feb. 3rd, 1872
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 25 hr. min.

9. Birthplace..... Little Rock Ark.
 (City, town, or county) (State or foreign country)

10. Usual occupation..... Housework

11. Industry or business.....

12. Name..... Stansberry

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

14. Maiden name..... Unknown

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

16. (a) Informant..... William E. Dodd

(b) Address..... 2219 Dickson St.

17. (a) Burial (b) Date thereof..... Apr. 30 '43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Peters Cemetery

18. (a) Signature of funeral director..... Hy. Leidner Und. Co

(b) Address..... 2223 St. Louis Ave.

19. (a) APR 20 1943 (b) J. F. Brueck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27,
 year 1943 hour 2:05 minute P. M.

21. I hereby certify that I attended the deceased from April 24, 1943, to April 27, 1943;
 that I last saw her alive on April 27, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cerebral Thrombosis
 Due to Arterio-sclerotic and Hypertension
 Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy..... refused

Duration

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... M. W. Johnson (M. D. or other)
 Address..... 1515 Lafayette Avenue Date signed..... 4/27/43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2923 St. Louis ave

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.