No. 2
I—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33037

FILED NOV 10 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9477

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St Louis Children's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 hrs 25 min (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 4361 Maryland
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME DODD, BABY BOY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 10 - 22 - 43 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 11 hr. 40 min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Ralph J. Dodd
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marcene Frakes
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant R. De Manuele
(b) Address 500 S Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Bond

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Rutger

19. (a) OCT 28 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22 year 43 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10 - 22, 1943 to 10 - 22, 1943 that I last saw him alive on 10 - 22 - 43, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity	
Due to	
Due to	
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.

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 R. J. Blattner (M. D. or other)

Address 500 S. Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.