

FILED APR 1 1944

Registration District No. 318

Primary Registration District No.

Registrar's No. 2746

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(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: City Hospital Entrance
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 921
(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 d

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1944 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Pericarditis
Due to _____
with Coronary
Due to _____
Occlusion
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME JOHN HENRY DODD
3. (b) If veteran, name war No
3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased 10/5/1904
(Month) (Day) (Year)

8. AGE: Years 39 Months 5 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business Ely Walker D.G.Co.

12. Name George Dodd

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

14. Maiden name Cora Stansbury

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

16. (a) Informant William Dodd

(b) Address 2219 Dickson St.

17. (a) Burial (b) Date thereof 3-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Sullivan Bro's

(b) Address 2849 N. Euclid ave.

19. (a) MAR 22 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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)
Means of injury 3

23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 3/27/44

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

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

Albert F. Mayfield

Licensed Embalmer No.

3077

P.O. Address

25 Lewis 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.