

**FILED AUG 21 1944**

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1687

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Normandy  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7203 Normandy Place  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 45 years (Specify whether  
In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Normandy  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7203 Normandy Place  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

LEA BLAKMORE DODGE

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Josiah Boon Dodge 6. (c) Age of husband or wife if alive dec. years  
7. Birth date of deceased 1852 2 1872  
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 4 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Sedalia Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name James Alexander Blakmore  
13. Birthplace Rockingham County Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Ann Benson  
15. Birthplace Carlisle England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret E. Jacques  
(b) Address 7203 Normandy Place  
17. (a) Burial (b) Date thereof 8-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cemetery

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

19. (a) AUG 10 1944 (b) E. D. McHavren, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6  
year 1944 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from Aug 14 1943 to Aug 6 1944  
that I last saw her alive on Aug 8 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis 1943  
Due to arterio. sclerosis  
Due to ch. interstitial nephritis

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 13/1a

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? \_\_\_\_\_

(Specify type of place) While at work? (c) Means of injury \_\_\_\_\_

23. Signature Edwin P. Meiners (M. D. Meiners)  
Address 6651 Cornight Ave Date signed 8/7/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

E. P. McInnes  
6651 Enright  
1-3 7-8

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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. McCulloch  
Licensed Embalmer No. 2460  
P. O. Address jos. E. Delmar

**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.**