No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2448

FILED JAN 22 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 346

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: City Hospital
(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 Mo. (b) County

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

(d) Street No. 5006a Newport Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EVA MAE DOZIER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Olin C.

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Aug. (Month) 17 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	4	24	hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name George Hodges
13. Birthplace Cedar City (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Joan Unknown
15. Birthplace Cedar City (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Olin C. Dozier
(b) Address 5006a Newport Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickerseus Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JAN 12 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11
year 1948 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from 1-10-48, 19, to 1-10-48, 19;
that I last saw her alive on 1-10-48, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 A W Vigo, Mse. (M. D. or other)
Address 3616 S. Broadway Date signed 1-12-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

3616 S. Broadway

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.