

S. No. 300
V. 10.48

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13990**
Registrar's No. **4129**

BIRTH NO. 17879-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1126 Hamilton Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Steven</u> b. (Middle) <u>W.</u> c. (Last) <u>Dodson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-30-51</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>May 30 1951</u>		9. AGE (In years last birthday) <u>1</u> MONTH <u>20</u> DAYS <u>1</u> HOURS <u>20</u> MIN.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Paul Dodson</u>		13b. MOTHER'S MAIDEN NAME <u>Joan Harrison</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Dodson 1126 Hamilton</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcocystis Encephalitis</u>		DUPLICATE OF (b) <u>Passive congestion of lungs</u>			<u>3 days</u>	
DUPLICATE OF (c) <u>Brain abscess</u>		DUPLICATE OF (d) <u>malformation of the heart & septum defect</u>			<u>3 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none performed.</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>75 ft. H.</u>	

22. I hereby certify that I attended the deceased from 3-1-51, 1951, to 4-30, 1951, that I last saw the deceased alive on 4-30, 1951, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Therman J. Kloeden M.D.</u> (Degree or title)		23b. ADDRESS <u>7621 Ladd Rd.</u>		23c. DATE SIGNED <u>5-1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 2, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. <u>MAY 1 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Louis - Carroll 4600 Nat'l Bldg</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. *4366*

P. O. Address. *St Louis MO*

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.