

35803

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 8 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 3569

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>UNIVERSITY CITY</b>		c. LENGTH OF STAY (in this place) <b>years</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>UNIVERSITY CITY</b>		<b>4353</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7442 WELLINGTON AVE.</b>			d. STREET ADDRESS (If rural, give location) <b>7442 WELLINGTON AVE.,</b>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>FANNIE</b>	b. (Middle) <b>STEVENSON</b>	c. (Last) <b>DODD.</b>	(Month)	(Day)	(Year)
			<b>Nov. 1, 1951</b>		

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Jan. 29, 1864</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>9</b>	Days <b>2</b>	IF UNDER 2 HRS. Hours <b></b>	Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>John Stevenson</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Frame</b>		14. NAME OF HUSBAND OR WIFE <b>William S. Dodd</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Tetitia Dodd-7442 Wellington Avenue</b>		ADDRESS <b>7442 Wellington Avenue</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiovascular Renal Disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Dec 1949</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Decubital ulcers</b>				<b>Dec 1949</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Infirmities of old age</b>				<b>Oct 1951</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>442X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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?	
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22. I hereby certify that I attended the deceased from **Dec 19**, 19**49**, to **Nov 1**, 19**51**, that I last saw the deceased alive on **Nov 1**, 19**51**, and that death occurred at **10:45** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Leo P. Fitzgerald M.D.</b>		23b. ADDRESS <b>6677 Delmar Blvd., University City Mo.</b>		23c. DATE SIGNED <b>Nov 1, 1951</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>11-3-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>	
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DATE REC'D BY LOCAL REG. <b>11-2-51</b>		REGISTRAR'S SIGNATURE <b>Hubert R. Donke M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.,</b>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10748

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student, Embalmer

Signed

*Arnold W. Schoene*

Licensed Embalmer No.

*3864*

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.