

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

29394

FILED SEP 3-1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7720**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 22 19	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips Hospital		d. STREET ADDRESS (If rural, give location) 1923 Franklin Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) c. (Last) Dozier		4. DATE OF DEATH (Month) (Day) (Year) August 10, 1952	
5. SEX Male 2	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Feb. 11, 1907
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (State or foreign country) Scooba, Miss.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Auto Springs	
11. BIRTHPLACE (State or foreign country) Scooba, Miss.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Henderson Dozier		13b. MOTHER'S MAIDEN NAME Lucy Campbell	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Nellie Davis Dozier	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS 1923 Franklin Ave.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Kidney Stones		INTERVAL BETWEEN ONSET AND DEATH Undetermined	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carcinoma of Bladder		" "	
DUE TO (c) Pyelonephritis		" "	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia		" "	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		181X	
22. I hereby certify that I attended the deceased from July 19, 1952 , to August 10, 1952 , that I last saw the deceased alive on Aug. 10, 1952 and that death occurred at 9:55 A m., from the causes and on the date stated above.			
23a. SIGNATURE Beaumont Proshete M.D.		23b. ADDRESS 2601 N. Whittier St.	
23c. DATE SIGNED August 11, 1952		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Aug. 14, 1952		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son	
DATE REC'D BY LOCAL REG. AUG 13 1952		ADDRESS 3133 Bell Ave.	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *S. J. Kato*.....

Licensed Embalmer No. *2698*

P. O. Address *2764 Chanta*

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.