

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

15625

LED APR 23 1953

BIRTH NO. ....

REG. DIST. NO. ....

318

PRIMARY REG. DIST. NO. ....

1003

Registrar's No. ....

3880

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Missouri			b. COUNTY St. Louis								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3-days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Creve Coeur Rural		4000									
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital			d. STREET ADDRESS (If rural, give location) Link Road R#1 Box 388											
3. NAME OF DECEASED (Type or Print) Carroll Wiley Dodd			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 13, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept. 11, 1904			9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal fitter		10b. KIND OF BUSINESS OR INDUSTRY MacDonell Conr.		11. BIRTHPLACE (City and State or Foreign Country) Decatur, Ill.			12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Charles Dodd			13b. MOTHER'S MAIDEN NAME Margaret Easley			14. NAME OF HUSBAND OR WIFE Mollie M. Dodd								
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. None	17. INFORMANT'S SIGNATURE OR NAME Mollie M. Dodd			ADDRESS Creve Coeur, Mo. R#1-Box 388								
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) <i>Hypertensive heart disease with aortic regurgitation.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Rheumatic.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1 1/2							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443X												
22. I hereby certify that I attended the deceased from <u>4-10, 1953</u> , to <u>4-13, 1953</u> , that I last saw the deceased alive on <u>4-13, 1953</u> , and that death occurred at <u>8 P. M.</u> , from the causes and on the date stated above.														
23a. SIGNATURE <i>William P. Ray, Jr.</i>			(Degree or title)			23b. ADDRESS <i>3720 Washington</i>		23c. DATE SIGNED <i>4-18-53</i>						
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE <i>4-16-1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Lebanon Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Pattonville, Mo.</i>										
DATE REC'D BY LOCAL REG. APR 14 1953	REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Baumann Bros</i>		ADDRESS <i>2504 Woodson Rd. Overland-14-Mo.</i>								

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 3454

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, 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.