

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **6099**  
Registrar's No. **1465**

FILED **MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>27 2831 Easton</b>	<b>2219</b>

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Fred</b>	a. (First)	b. (Middle)	c. (Last) <b>Dodson</b>	<b>4. DATE OF DEATH</b> (Month) <b>2</b> (Day) <b>14</b> (Year) <b>54</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Colored</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>May 10, 1915</b>	<b>9. AGE</b> (In years last birthday) <b>38</b>	<b># UNDER 1 YEAR</b> Months	<b># UNDER 6 HRS.</b> Days	<b># UNDER 1 MIN.</b> Hours	<b># UNDER 1 MIN.</b> Mins.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Nashville, Tennessee</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Fred Dodson, Sr.</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Genevieve Johnson</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mary Dodson</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>?</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mary Dodson</b>	<b>ADDRESS</b> <b>2831 A. Easton Avenue</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pulmonary Tuberculosis Far Advanced</b>			<b>Undt.</b>
<b>ANTECEDENT CAUSES</b> <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>DUE TO (b)</b>		
<i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	<b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>002X</b>
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**22. I hereby certify that I attended the deceased from** 1-5, 1954, to 2-14, 1954, that I last saw the deceased alive on 2-14, 1954, and that death occurred at 6:37P m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <b>E. B. Williams</b>	(Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>2601 N. Whittier</b>	<b>23c. DATE SIGNED</b> <b>2-15-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>2-19-54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Greenwood,</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>FEB 16 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Carl Smith M.D.</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Ellis Funeral Home, Inc.</b>	<b>ADDRESS</b> <b>2820 Stoddard St.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
0-48

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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.....  
Signature of Student Embalmer

Signed *Fulton E. Culkin*.....

Licensed Embalmer No. *419*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.