

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-047141**

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3411

**FILED DEC 18 1961**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Manchester</u> Length of stay in 1b <u>2 Yrs</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Ellisville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Clarkson Rd.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Victoria</u> Middle <u>Dodge</u> Last <u>Dodge</u>			<b>4. DATE OF DEATH</b> Month <u>12</u> Day <u>1</u> Year <u>1961</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b>	<b>9. AGE</b> (last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housework</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>own home</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Canada</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>Henry Rupprecht</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Blanchard</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Fred Dodge</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			<b>17. INFORMANT</b> <u>Robert Dodge</u> Address <u>Ellisville, Mo.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Insufficiency</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiac Hypertrophy &amp; Dilatation</u> <u>Doubt Know</u> DUE TO (c) <u>Arteriosclerosis</u> <u>Doubt Know</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hemiplegia</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	<b>STATE</b>	
<b>21. I attended the deceased from</b> <u>Oct. 17, 1959</u> to <u>Nov. 30, 61</u> and last saw <u>her</u> alive on <u>Nov. 30, 1961</u> Death occurred at <u>5:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <u>Rachel W. Zaffey, R.O.</u>			<b>22b. ADDRESS</b> <u>1016 Man. Rd. Box 122, Manchester, Mo.</u>		<b>22c. DATE SIGNED</b> <u>12-1-61</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>	<b>23b. DATE</b> <u>12-3-61</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>WATERVILLE, MAINE</u>		
<b>24. FUNERAL DIRECTOR</b> <u>Schrader Funeral Home Ballwin, Mo.</u> ADDRESS			<b>25. DATE RECD. BY LOCAL REG.</b> <u>12-2-61</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>John E. Murphy M.D.</u>		

**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 Richard Bapp

Licensed Embalmer No. 4584  
P. O. Address Ballerwin, Pa.

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.