WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 19963

Registered No. 5725

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 1319, Blackstone St., Ward)

2. FULL NAME Charles Nelson Dodge

(a) Residence. (Usual place of abode) No. 1319 Blackstone St., 5 Ward (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Dodge

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-31-1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	8	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mail Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Samuel W Dodge

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mass.

12. MAIDEN NAME OF MOTHER Deborah P True

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mass.

14. INFORMANT Ellen Dodge (Address) 1319 Blackstone

15. FILED JUN 21 1927, 19 Mayb Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19, 1927

17. I HEREBY CERTIFY, That I attended deceased from June, 1925, to June 18, 1927 that I last saw him alive on June 18, 1927, and that death occurred, on the date stated above, at 9 45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac failure

131

93c

132B

(duration) yrs. — mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis Chronic

Uremia due Chronic (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Syphilis

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Carol J Cole M. D

, 19 (Address) 418 University-Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine — DATE OF BURIAL 6-21-1927

20. UNDERTAKER Arthur-Harrel — ADDRESS 1905 Union

University Club Bldg 13-5
Cab 0865 W1