

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

Do not use this space.

11229

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 3843 Sullivan ave. St.          Ward)         

File No. ....  
 Registered No. 3273

**2. FULL NAME**

BLANCHE B. DODDS.

(a) Residence. No. .... St. 10 Ward. ....  
 (Usual place of abode) (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James T. Dodds.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8 1872.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>57.</u>	<u>9</u>	<u>23</u>	

**B. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housework

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

(c) Name of employer.....

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

10. NAME OF FATHER Albert Wegner

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

12. MAIDEN NAME OF MOTHER Marie Beitlot

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

14. INFORMANT J. Dodds  
 (Address) 3843 Sullivan

15. FILED R-1, 1930 Wm. C. Starling REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31 1930

17. I HEREBY CERTIFY that I attended deceased from March 29, 30 to March 31, 1930 that I last saw him alive on March 31, 1930, and that death occurred, on the date stated above, at 7:50 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis (chronic)  
acute stenosis

92A  
93C (duration) yrs. mos. 3 ds.  
 110B Pleurisy  
 CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. 3 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

9 DID AN OPERATION PRECEDE DEATH? DATE OF .....  
 WAS THERE AN AUTOPSY? .....

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) Arthur Sunders M. D.

41 .1930 (Address) 2202 University St

\*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**

**DATE OF BURIAL**

Bellegontaine Cemetery

April 3 1930

**20. UNDERTAKER**

**ADDRESS**

Wm. Schumacher

High Hat Bridge

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.

RECORD

10 - 23 - 9

