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.

JUN 26 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

18012

1. PLACE OF DEATH
County St. Louis
Township Centre
City
Registration District No. 790
Primary Registration District No. 655
File No.
Registered No. 149
(No. St Louis County Hospital) Ward)

2. FULL NAME Emily Dodge
(a) Residence, No. 134 Kaiser Av St., 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 Buck Dodge
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec unknown 1892
7. AGE YEARS 41 MONTHS 5 DAYS — If LESS than 1 day, ...hrs. or ......min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia
FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT Buck Dodge
(ADDRESS) 134 Kaiser
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Dale DATE May 14 19
19. UNDERTAKER Hinkley M & C
(ADDRESS) 7819 Michigan av
20. FILED 5-13 1934 Robert J Armbruster
Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-10 1934
22. I HEREBY CERTIFY, That I attended deceased from 4-21 1934, to 5-10 1934
I last saw her alive on 5-10 1934 Death is said to have occurred on the date stated above, at 9:23 P.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Rheumatic Heart disease
(Myocardial Insufficiency c Congestion)
108
95C
107H
95C2
Other contributory causes of importance:
Pneumonia Hypostatic

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) G. E. Zukowich M. D.
(Address) St Louis County Hospital
Clayton Mo

#2 St Louis Co

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

18018

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

149

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Emily Dodge

Who died at St Louis Co Hosp on May 10 - 1934

Residence: No. ______ St. ______
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years ______ Months ______ Days ______

Sex F Color or race W ~~Single~~, married, ~~widowed or divorced~~: ______

Date of birth ______ Age: Years 41 Months 5 Days ______

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ______

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. ______

Date deceased last worked at this occupation: Month ______ Year ______

Birthplace (State or country) ______

Birthplace of father (State or country) ______

Birthplace of mother (State or country) ______

Principal cause of death: ______

Hypostatic pneumonia

95 b

Other contributory causes of importance: Broncho pneumonia (Bilateral)

Name of operation ______ Date of ______

What test confirmed diagnosis? ______ Was there an autopsy? ______

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ______ Date of injury ______, 19 ______

Where did injury occur? ______
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

______

Manner of injury ______

Nature of injury ______

Was disease or injury in any way related to occupation of deceased? ______

If so, specify ______

Name of physician ______

Address of physician ______

X Signature of Registrar X Robert J Aubermate

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh M.D.
S. C.

Special Agent.

Reg. Dist. No. 790

Primary Reg. Dist. No. 6033a

5-18012