

DEC 3 1936

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

Do not use this space.

43058

1. PLACE OF DEATH

County Registration District No. **791**
Township **St. Louis** Primary Registration District No. **1003**
City **St. Louis** (No. **City Hospital No. 1**) Registered No. **11633** Ward

B. **12249**

William E. Dodd

2. FULL NAME

(a) Residence, No. **Laclede Hotel** St. **2** Ward. **25**

(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 **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Eula Davis Dodd**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 11 1890**

7. AGE YEARS **46** MONTHS **10** DAYS **12** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. **collector**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) **Elmira New York**

13. NAME **Wm Edward Dodd**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pennsylvania**

15. MAIDEN NAME **Sarah Fraser Dodd Hawes**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Edinburgh Scotland**

17. INFORMANT (ADDRESS) **Hosp. Info. M.H. Kent City Hospital No. 1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chicago Ill** DATE **Nov 24, 1936**

19. UNDERTAKER (ADDRESS) **Beiderwieden Funeral Home Inc 1936 St Louis Ave**

20. FILE NO. **NOV 24 1936** **J. Predeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/23/36** 19

22. **11/21/36** HEREBY CERTIFY, That I attended deceased from 19 to **11/23/36** 19

I last saw **him** alive on **11/23/36** 19. Death is said

to have occurred on the date stated above, at **1.45p**

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage - left Malignant hypertension

Other contributory causes of importance: **8/2/36**

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? **yes**

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? If so, specify

(Signed) **Chas. M. Jersico** M. D. City Hospital No. 1

(Address) **City Hospital No. 1**

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.

WHITE PRINTED WITH UNFADING INK. THIS IS A PERMANENT RECORD.

