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 12 1937

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

Do not use this space.

File No. 18759
Registered No. 5335

1. PLACE OF DEATH

County .....
Township .....
City St. Louis, Mo. (No. City Hospital No. 2 St. ..... Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Walter Dodson

(a) Residence, No. 2207 Chestnut St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 57 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: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 31, 1878

7. AGE: Years 58 | Months 9 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Tenn.

FATHER

13. NAME: John Dodson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME: Maggie Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Ruby Perdeau, 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis U DATE 5-12 1937

19. UNDERTAKER (ADDRESS): W. Richter, 3570 Rutger St

20. FILED MAY 28 1937 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1937, to May 1, 1937
I last saw him alive on May 1, 1937. Death is said to have occurred on the date stated above, at 8:11 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	4-21-37

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....

(Signed) N. L. Lemme, M. D.
(Address) 2945 Lawton Ave.