

SEP 10 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... /

Registration District No..... 791
1003

Township.....

Primary Registration District No.....

City **St. Louis**

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

File No..... 28750

Registered No..... 7283

C. 5592

Milton Dodd Jr.

2. FULL NAME

(a) Residence, No. **919 b. Lynch** St. **23** 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 **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 24, 1922**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
15		5	10	

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

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) **St. Louis, Missouri**

13. NAME **Milton Dodd**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Swedenborg, Missouri**

15. MAIDEN NAME **Harriett Lundstrom**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Swedenborg, Missouri**

17. INFORMANT **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews** DATE **Aug. 5th. 1937**

19. UNDERTAKER **Vacker-Helderle** (ADDRESS) **2531 S. Broadway**

20. FILE **AUG 4 - 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/3/37**, 19

22. ~~17/24/37~~ CERTIFY, That I attended deceased from **8/3/37**, 19

I last saw **him** alive on **8/3/37** **12.10** a Death is said to have occurred on the date stated above, at **m.**

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

Sub-acute Bacterial Endocarditis (Streptococcus viridans)

Other contributory causes of importance:

Name of operation..... Date of.....
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?.....

If so, specify **W. N. Johnson**, M. D. (Signed) **City Hospital No. 1** (Address)

