

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

ED MAY 15 1940
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St Marys Infirmary
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 yrs (Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Charlie Lee Dod

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Jessie Lee 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March 27 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>0</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace La Grande Ga.
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown ?
(City, town, or county) (State or foreign country)

14. Maiden name Unknown ?

15. Birthplace Unknown ?
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jessie Lee

(b) Address 1354 N. Glasgow

17. (a) Burial (b) Date thereof 4/6/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ed's Funeral Home

(b) Address 2820 Stoddard St

19. (a) APR 5 1940 (b) J. B. Bunch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
 (d) Street No. 1354 N. Glasgow
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 2 day _____
 year 1940 hour 4:55 minute P M.

21. I hereby certify that I attended the deceased from Jan 1st
 _____, 1940, to April 2, 1940
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure - no ch heart disease
 Due to Hypertension

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 10

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. Pungel (M. D. or other) _____
 Address 2316 Jefferson Date signed 4/3/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by L. Boykin

Registered Apprentice No. 294

working under my personal supervision.

Signed Lomnie Boykin

Licensed Embalmer No. 294

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.