

Y 15 1940

Registration District No. 791

Primary Registration District No. 1003

State File No. _____

Registrar's No. 3647

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: Central Hospital /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

8. (a) PRINT FULL NAME George D. Dodd 300
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 22nd, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business _____

MOTHER FATHER { 12. Name George D. Dodd
 13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Ruth Comfort
 15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George D. Dodd
 (b) Address 5929 Garesche Ave
 17. (a) Central (b) Date thereof April 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Reception House
 18. (a) Signature of funeral director Proctor Med Co.
 (b) Address 3710 N. Grand Blvd.
 19. (a) APR 23 1940 (b) J. B. Backlock
(Date of registration) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County _____
 (c) City or town St. Louis Mo 7
(If outside city or town limits, write "RURAL")
 (d) Street No. 5929 Garesche Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
 year 1940 hour 5 PM minute _____
 21. I hereby certify that I attended the deceased from April 22
3 PM, 1940, to April 22 5 PM, 1940
 that I last saw him alive on April 22, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death atelectasis Pulmonary
 Duration 4 1/2 hrs
 Due to Baby Born Premature 2 1/2 Months
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations no operations
 Of autopsy none made
 Underline the cause to which death should be charged statistically.

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 John C. Brown (M. D. or other) _____
 Address 4518 Washington Ave Date signed Apr 22

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Hughes
Parr

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.

working under my personal supervision.

Signed

A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand

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.