

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

7382

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:
Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
 (Specify whether _____)
 In this community 3 years
 years, months or days)

3. (a) PRINT FULL NAME John Dotson3. (b) If veteran,
name war _____3. (c) Social Security
No. None4. Sex Male 5. Color or
race Col.6. (a) Single, widowed, married,
~~divorced~~ _____6. (b) Name of husband or wife
Hattie Dotson6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Aug. 29 1898
(Month) (Day) (Year)8. AGE: Years 42 Months 0 Days 0
If less than one day
hr. _____ min. _____9. Birthplace Rome Georgia
(City, town, or county) (State or foreign country)10. Usual occupation Labor

11. Industry or business _____

12. Name unknown13. Birthplace unknown
(City, town, or county) (State or foreign country)14. Maiden name UNKNOWN
(City, town, or county) (State or foreign country)15. Birthplace unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Hattie Dotson(b) Address 3647 Finney Apt. 1.17. (a) Burial (b) Date thereof 9 3 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director E. L. Garner(b) Address 2829 Washington Ave.19. (a) SEP 3 1940 (b) _____
(Date received local Registrar) (City, town, or county)

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. 3138 Lawton
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1940 hour 12:10 minute _____ P. M.21. I hereby certify that I attended the deceased from
August 23, 1940, to August 29, 1940
that I last saw him alive on August 29, 1940
and that death occurred on the date and hour stated above.Immediate cause of death _____
Cerebral Hemorrhage 6 days
Bronchopneumonia (Terminal) 48 hrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy As above

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 H. J. Erwin (M. D. or other) _____Address 2601 N Whittier Date signed _____

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Delvin Blackburn

Licensed Embalmer No. 3962

P. O. Address 2829 Washington

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.