

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

RECEIVED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12814  
State File No. 3244  
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town City of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
ALEXIAN BROTHERS HOSPITAL  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
(Specify whether  
 In this community Not known  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co  
 (c) City or town St. Louis County, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 138 Kayser Ave  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME BUCK DODGE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race Red 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife not known (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 7 31 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace JUPE INDIAN RESERVATION - N. Mexico  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist (Retired)

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name NOT KNOWN  
 { 13. Birthplace NOT KNOWN  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name NOT KNOWN  
 { 15. Birthplace NOT KNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hosp. Records

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof 4-8-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director [Signature]

(b) Address \_\_\_\_\_

19. (a) APR 15 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 7  
 year 1941 hour 6 minute 55 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
APRIL 3, 1941 to April 7, 1941;  
 that I last saw him alive on Apr. 6, 1941;  
 and that death occurred on the date and hour stated above

Immediate cause of death Nephritis Ch.  
Rheumatism (Back Disease)  
Decomposition Duration 8 mo.

Due to Arterio sclerosis

Due to Nephritis Arterio sclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations [Signature]  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 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 [Signature] (M. D. or other) M.D.  
 Address 3899 Delmar Date signed 4/8/41

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**