

FILED MAR 27 1942

1003

State File No. ....

1998

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3337 N. 11th St.  
(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

2. USUAL RESIDENCE OF DECEASED:

Missouri  
(a) State Missouri (b) County 003  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3337 N 11th St.  
(If rural, give location) 4  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3  
year 1942 hour 2:55 minute A M.  
21. I hereby certify that I attended the deceased from Feb 19  
1942 to March 3 1942  
that I last saw him alive on March 3 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Dilation of Heart Duration \_\_\_\_\_

Due to Chronic Endocarditis  
Chronic Nephritis  
Due to Asthma  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy None  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME William Paschal Dodson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 488-10-0203

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Bessie Dodson 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased. July 14 1894  
(Month) (Day) (Year)

8. AGE: Years 47 Months 7 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace McLean County Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

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

12. Name George Richard Dodson

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

14. Maiden name Charlotte Sandefur  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mary Walsh

(b) Address 4201a Warne Ave.

17. (a) Removal (b) Date thereof 3-4-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beech Grove, Ky.

18. (a) Signature of funeral director St. Louis Funeral Home

(b) Address 2205 St. Louis Ave.

19. (a) MAR 4 - 1942 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature Louis J. Wagner (M. D. or other) \_\_\_\_\_  
Address 1406 Ferry St Date signed 3/3/42

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

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*Dr. Wagner  
1406 Ferry 41 W*

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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 *G. W. Wilkinson*  
Licensed Embalmer No. *3575*  
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, fact should be so stated above.**