V. S. No. 2
0M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8474

Registration District No. FILED APR 8 1942 791

Primary Registration District No. 1003

Registrar's No. 2447

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

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: City Hospital #1 (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 19 000 17
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 9
(d) Street No. 3682 OLIVE ST. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WALTER C. Dodd.
3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex MALE 0
5. Color or race WHITE
6. (a) ~~Single, widowed~~, married, divorced MARRIED
6. (b) Name of husband or wife ROSE Dodd
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased FEB. (Month) 20 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
58	0	25	hr. min.

9. Birthplace DURANT (City, town, or county) MISSISSIPPI (State or foreign country)
10. Usual occupation WATCHMAN
11. Industry or business
FATHER
12. Name Wm Dodd.
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name PAULINE UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs Rose Dodd
(b) Address 2718 Benton St.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 19 1942 (Month) (Day) (Year)
(c) Place: burial or cremation ST. MATTHEWS CEM
18. (a) Signature of funeral director E. J. Schmur.
(b) Address 3125 Lafayette Av.
19. (a) MAR 18 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 16 year 1942 hour 3 minute 20 M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertrophic Cirrhosis (Fatty) Liver Interstitial Nephritis. Chronic Alcoholism. Fractured Ribs. Whether the result of natural causes or when he fell in front of a shanty of the Wabash Railroad Company at 2nd Mallinckrodt St. about 4:40 pm 3/14/42

Duration

Other conditions (Include pregnancy within 3 months of death) Could not be Determined

Major findings:
Of operations
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) Open Verdict
(b) Date of occurrence 3/14/42 000
(c) Where did injury occur? St Louis (City or town) (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Wabash R.R. Rightaway (Specify type of place)
While at work? (e) Means of injury
23. Signature Alfred Ferry (M. D. or other)
Address Cupple Coroner Date signed 3/17/42

(Licensed Embalmer's Statement on Reverse Side)

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~~ Jos B Vollmer, Registered Apprentice No. ....., working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.