

5. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19509

State File No. _____

FILED JUL 20 1942
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5991

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Maternity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 1/2 Hours
(Specify whether
In this community 5 1/2 Hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Overland 15 NR.
(If outside city or town limits, write "RURAL")
(d) Street No. 2207 Mary Avenue
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant Male Dodd

3. (b) If veteran, name war None
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced /
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 14, 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day 5 1/2 hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Edgar Clarence Dodd
13. Birthplace Cuba Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Dorothy Inez Michel
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant St. Louis Maternity Hospital
(b) Address 630 S. Kingshighway

17. (a) Burial (b) Date thereof 7/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUL 15 1942 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1942 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 14,
19 42 to July 14, 19 42
that I last saw him alive on July 14 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Intra-cranial injury
Ataxectasia, left
Duration 5 hrs

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 A. J. Eastinger (M. D. or other)

Address 630 S. Kingshighway Date signed 7/14/42

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

20
17
9

874 (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.....

Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed

William B. Buchholz

Licensed Embalmer No.

2110

P. O. Address

St. Louis, Mo.

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.