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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22722

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6477

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer 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 years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis, 925
(If outside city or town limits, write "RURAL")
(d) Street No. 914 Cass Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Ethel Dozier
3. (b) If veteran, name war No
3. (c) Social Security No. Unk.
4. Sex Fem
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bernie Dozier
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Dec. 29, 1900 (Month) (Day) (Year)
8. AGE: Years 41 Months 7 Days 0 If less than one day hr. min.
9. Birthplace Morgansfield / Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Webb Butler.
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Bernie Dozier
(b) Address 914½ Cass Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/31/42 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill.
18. (a) Signature of funeral director R.M.C. Green
(b) Address 3517 Lacledge Ave.
19. (a) JUL 31 1942 (Date received locally registered) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29, year 1942 hour 7 minute 45 A M.
21. I hereby certify that I attended the deceased from July 20, 1942 to July 29, 1942 and that I last saw her alive on July 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease with Decompensation	18 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature S. E. Smith (M. D. or other)
Address 460 Whittier Date signed 7/30/42

844 (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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1173

P. O. Address 3517 Toledo Av

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.