

FILED JAN 27 1943

State File No. ....

Registration District No. 284

Primary Registration District No. 101

Registrar's No. 30

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Lemay  
(If outside city or town limits, write "RURAL")

(d) Street No. 214 Adelia Ave.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Dotson

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife John Dotson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 16 1881  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	11	19	hr. _____ min.

9. Birthplace Bonne Terre Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation none

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

MOTHER FATHER { 12. Name Benjamin Glenn

{ 13. Birthplace Jefferson City Mo.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Susan Dorton

{ 15. Birthplace Elvira Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Bettie Dill

(b) Address 4138 Pleasant Avenue.

17. (a) Burial (b) Date thereof 1-4-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.,

19. (a) JAN 5- 1943 (b) C. H. McLaughlin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4  
year 1943 hour 8 minute :40 A.M.

21. I hereby certify that I attended the deceased from 12-29-42  
19\_\_\_\_ to 1-4-43 19\_\_\_\_;  
that I last saw her alive on 1-4-43 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Generalized arteriosclerosis 10 yrs.

Other conditions Diabetes  
(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?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Robert C. Hall (M.D. or other) MD

Address St. Louis County Hosp. Date signed 1-4-43

Duration

9 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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JAN 27 1943

**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 *J. G. Sullivan*  
Licensed Embalmer No. *1122*  
P. O. Address *City*

**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.**