

S. No. 2
DM-542
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11364**
Registrar's No. **673**

FILED APR 15 1943

Registration District No. _____ Primary Registration District No. **109**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution:
7321 Flora
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **nil**
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. L.**

(c) City or town **Maplewood**
(If outside city or town limits, write "RURAL.")

(d) Street No. **7321 Flora**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Dodd, Leslie Harold**

(b) If veteran, name war **no**

(c) Social Security No. **492-05-9209**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **14**
year **1943** hour **4** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Nov. 18 1937** to **3-14-1943**
that I last saw him alive on **3-14-1943**
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Helen Dodd**

6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **Nov. 29, 1888**
(Month) (Day) (Year)

Immediate cause of death **Carcinoma of stomach**

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

| | | | |
|-----------|----------|-----------|----------|
| 54 | 3 | 15 | hr. min. |
|-----------|----------|-----------|----------|

9. Birthplace **Mt. Valley, Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Civil Engineer**

11. Industry or business _____

12. Name **Joseph C. Dodd**

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

14. Maiden name **Annie Hall**

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

Major findings: **46L**
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Helen Dodd**

(b) Address **7321 Flora**

17. (a) **Removal** (b) Date thereof **3-16-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lawrence, Kansas**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester**

19. **MAR 16 1943** (b) **G. M. Loran, M.D.**
(Date reported to 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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature **J. A. Stealing, M.D.** (M. D. or other)

Address **7266 Manchester** Date signed **3-14-43**

APR 21 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.....

H. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Maplewood

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.