

LEG. MAY 3 1943
Registration District No. **378**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1010 Tillie
(If not in hospital or institution, write street number or location)

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

In this community: 3 years
years, months or days

3. (a) PRINT FULL NAME: Eldon Melrose Dodson

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced, widower

6. (b) Name of husband or wife: Glen Dugson

6. (c) Age of husband or wife if alive: See years

7. Birth date of deceased: July 22 1971
(Month) (Day) (Year)

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

71 9 4 hr. _____ min.

9. Birthplace: Howard Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Fireman (RR)

11. Industry or business: General duties

12. Name: E. Wash Dodson

13. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name: Susan V. Bradley 9

15. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs George E. Gull

(b) Address: 1010 Tillie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-28-1943
(Month) (Day) (Year)

(c) Place: burial or cremation: Sulphur Springs Cem

18. (a) Signature of funeral director: Alfred H. Jones

(b) Address: Bellflower Mo

19. (a) APR 29 1943 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 1010 Tillie
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 26
year: 1943 hour: 4 minute: 16 A.M.

21. I hereby certify that I attended the deceased from November 1 1942 to April 26 1943
that I last saw him alive on April 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: carcinoma of tongue 6 mo

Due to: _____

Due to: _____

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations: none

Of autopsy: none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): no

(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: Dr. N. F. Miller (M. D. or other)

Address: 8410 N. Broadway Date signed: 4/26/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

me

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Clarence A. Jones

Licensed Embalmer No. *2978*

P. O. Address *Bellflower M*

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.