

FD JUN 19 1943

Registration District No. **318** Primary Registration District No. **1007**

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

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:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Dotson, Alice

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Frank Dotson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 19 1888
(Month) (Day) (Year)

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

54	10	17	_____ hr. _____ min.
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9. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Brasta Griffard

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

14. Maiden name Caroline Frazer

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

16. (a) Informant Louis Griffard

(b) Address Flat River, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/43
(Month) (Day) (Year)

(c) Place: burial or cremation Flat River, Missouri

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

(b) Address 4700 Washington Blvd.,

19. (a) JUN 9 1943 (Date received local registration) (b) J. F. Bedeich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Flat River
(If outside city or town limits, write "RURAL" and location)

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1943 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from 5-5-43
19____ to 6-6 1943
that I last saw h. ER alive on 6-6-43 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic gangrene left leg 2 months Duration

Due to Post operative wound

Due to Infection

Other conditions Thrombosis
(Includes pregnancy within 3 months of death)

Major findings: Same PHYSICIAN _____

Of operations _____

Of autopsy Same

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 NO

(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 Louis H. Moore (M. D. or other) _____

Address Desloge Hospital Date signed _____

JUN 29 1943

Oliver
Dutton

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..... 2971

P. O. Address.....

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.