

Registration District No. **1943318**

Primary Registration District No. **1003**

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: **DeSage 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**
(c) City or town **Wellston**
(If outside city or town limits, write "RURAL")
(d) Street No. **6314 Spencer Ave.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Samuel Marcus Dodd**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **Nov 14 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 15 hr. min.

9. Birthplace **Stillwater Minn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerical**

11. Industry or business **Wagner Electric Co.**

MOTHER FATHER

12. Name **Marcus D. Dodd**
13. Birthplace **Minn**
(City, town, or county) (State or foreign country)
14. Maiden name **Marjara McCune**
15. Birthplace **Minn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr Bruce Brennan**

(b) Address **6314 Spencer, Wellston, Mo**

17. (a) **Buried** (b) Date thereof **10-2-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cemetery**

18. (a) Signature of funeral director **J. F. Brueck**

(b) Address **Kirkwood Mo**

19. (a) **OCT 1 1943** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **29**
year **1943** hour **3:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **September 26**, 19**43**, to **9-29**, 19**43**
that I last saw h **in** alive on **September 29**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage about 3 days**

Due to **61**

Other conditions **Diabetes Mellitus**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **None.**

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?

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

23. Signature **F. Kenhoff** (M. D. or other).....
Address **3602 Lafayette** Date signed **9-30-43**

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

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.

Embalmer filed separately
Signature.....

Licensed Embalmer No.....

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.