

LED OCT 19 1943

State File No. _____

Registration District No. 3017

Primary Registration District No. 3068

Registrar's No. 2791

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:
Maplewood Nursing Home 4
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1140 S. Lindbergh
(If rural, give location)

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

3. (a) PRINT FULL NAME James F. Dodson,

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

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Edith Dodson, 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased June 15, 1861
(Month) (Day) (Year)

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

82 3 24 _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business St. Louis Public Serv.

12. Name Wm. H. Dodson

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

14. Maiden name Narcisis Hensley

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

16. (a) Informant Miss, Nina Dodson

(b) Address 1140 S. Lindbergh, Kirkwood

17. (a) burial (b) Date thereof 10/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemty

18. (a) Signature of funeral director Louis H. Boop, Inc.

(b) Address Kirkwood, Mo.

19. (a) OCT 12 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9th.
year 1943 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from June 1940 to Oct 9, 1943
that I last saw him alive on Oct 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism

Due to _____

Due to _____

Other conditions Arteriosclerosis
(Including agency within 3 months of death)
Chronic cystitis

Major findings: [Signature]

Of operations _____

Of autopsy _____

Duration 5 days

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)

Means of injury _____

23. Signature [Signature] M. D. or other _____

Address Kirkwood, Mo. Date signed 10/11/43

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

MOTHER FATHER

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.....

Felix Durand

Licensed Embalmer No.....

3037

P. O. Address.....

Rutwood, Me

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.