

No. 2
2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4148

State File No. 1883

FILED MAR 14 1945
318

1003

Registrar's No. _____

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:
Alexian Bros. 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) PHINT FULL NAME Alfred Dodson, Jr.
3. (b) If veteran, name war Nil
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
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 October 3 1928
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>16</u>	<u>4</u>	<u>21</u>	hr. _____ min.

9. Birthplace De Soto Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Hutting Sash and Door Co.

MOTHER FATHER
12. Name Alfred Dodson, Sr.
13. Birthplace De Soto Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ella Huskey
15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Dodson, Sr.

(b) Address De Soto, Missouri

17. (a) Burial (b) Date thereof 2-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Soto, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) FEB 26 1945 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town De Soto
(If outside city or town limits, write "RURAL")
(d) Street No. 410 S. 3rd St.
(If rural, give location) N.R.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
year 1945 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage of the brain when the Automobile in which he was a passenger being driven by one Mr. W. H. Hartsch took a sharp right turn & Automobile being thrown by one Royce McMan about 3 miles South of Sikeston - Crated City Over a bridge on highway U.S. 67 around 2/20 Ch. 1945
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) Open Vein
(b) Date of occurrence Feb. 24, 1945
(c) Where did injury occur? Public Highway
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
White at work? _____ (Specify type of place) (e) Means of Injury to driver
23. Signature Detmer E. J. ... (M. D. or other)
Address _____ Date signed Feb 26 1945

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.

Signed *C. W. H. Happe*

Licensed Embalmer No. *1861*

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.