

S. No. 2
M-8-43
5-17-39
PI X37623

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

42390 ✓

FILED JAN 5 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 2948

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rt. 13 Box 1602
(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 Missouri (b) County St. Louis 96
(c) City or town Kirkwood 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 13, Box 1102 0
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Victoria Dodd

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 5 1859 ?
(Month) (Day) (Year)

8. AGE: Years 86 ? Months 9 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Albuquerque New Mexico
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Harry Schneider
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Dodd
(b) Address Rt. 13, Box 1102 Kirkwood Mo

17. (a) burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albuquerque New Mexico.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood Mo.

19. (a) 12-29-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1945 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 7, 1945, to Dec 26, 1945;
that I last saw her alive on Dec 24, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2 years
Duration _____

Due to _____
Due to 93d

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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) _____
(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 508 N. Parkwood Rd Date signed 12/27/45

(MAY 21 1954)

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 3454

Registered Apprentice No. _____

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.