S. No. 2
K—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42965

FILED DEC 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11344

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 8019 Dale Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES A. DODSON
3. (b) If veteran, name war --
3. (c) Social Security No. 023-18-5707
4. Sex Male
5. Color or race C
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 30 1882 (Month) (Day) (Year)
8. AGE: Years 65 Months 0 Days 9 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Ga. (State or foreign country)
10. Usual occupation Salesman
11. Industry or business --
FATHER
12. Name Richard Dodson
13. Birthplace Unknown (City, town, or county) Ga. (State or foreign country)
MOTHER
14. Maiden name Sarah unknown
15. Birthplace Unknown (City, town, or county) Ga. (State or foreign country)
16. (a) Informant Lola Clayburn
(b) Address 8019 Dale Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
19. (a) DEC 1 1 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 9th year 1947 hour 11 minute 55 A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio Renal Vascular	
Due to disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Patrick T. Taylor (M. D. or other)
Address 1300 Clark Ave. Date signed 12-11-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. 4259

P. O. Address 4107 Finney Ave.

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.