S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14019

Registrar's No. 4042

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8mos. 23ds. (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 060
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3863 Gustine 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH DODGE
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male O
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Clara Dodge
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Nov. 21 1873 (Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 6 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) O
10. Usual occupation Post Office worker
11. Industry or business

MOTHER FATHER
12. Name Charles Dodge
13. Birthplace Missouri (City, town, or county) (State or foreign country) O
14. Maiden name Ellen Ramsey
15. Birthplace England (City, town, or county) (State or foreign country) 4

16. (a) Informant Selma Ziegler
(b) Address 5400 Arsenal St.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) APR 29 1948 (Date received local registrar) (b) J. F. Broseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1948 hour 5.50 minute P M.

21. I hereby certify that I attended the deceased from Aug. 4 1947 to April 27 1948 that I last saw him alive on April 27 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Cerebral Arteriosclerosis	1945x
Due to Generalized Arteriosclerosis	1945x
Other conditions (Include pregnancy within 3 months of death) 99	

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) 0
While at work? (e) Means of injury

23. Signature L. H. Gallaher M. D. (M. D. or other)
Address 5400 Arsenal St. Date signed 4/28/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Julia

Anne

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 Albert R. Thompson Jr.

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.