

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED JAN 19 1949**

State File No. **2611**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **33**

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <b>4664 Dewey Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4664 Dewey Ave.</b>		_____	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>R.</b> c. (Last) <b>DODENHOF</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Jan. 2 1949</b>		
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>July 12, 1886</b>	<b>9. AGE</b> (In years, last birthday) <b>62</b>	<b>IF UNDER 1 YEAR</b> Months <b>5</b> Days <b>20</b>	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>For Self</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>St. Louis, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> _____
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<b>13a. FATHER'S NAME</b> <b>Louis Dodenhof</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Delia Sweeney</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Callie G.</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Callie G. Dodenhof</b>	<b>ADDRESS</b> <b>4664 Dewey Ave.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> _____
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Occlusion</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>9/20</b> <b>40</b>			

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:30 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Joseph M. Quinn</b>	<b>23b. ADDRESS</b> <b>1300 Clark Ave</b>	<b>23c. DATE SIGNED</b> <b>1-5-49</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Jan. 5, 49</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Mo.</b>
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<b>DATE RECD BY LOCAL REGISTRARS SIGNATURE</b> <b>JAN 33 1949</b> <b>J. B. [Signature]</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Kriegshauser</b>	<b>ADDRESS</b> <b>4228 S. Kingshighway</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Edwin A. M. Bennett*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *3024*

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.