

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3472

State File No. \_\_\_\_\_

FILED FEB 14 1949

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3666</u>		Registrar's No. <u>10120</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) <u>10 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Kirkwood</u>		d. STREET ADDRESS (If rural, give location) <u>711 S. Kirkwood Rd.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Old Folks Home</u>				d. STREET ADDRESS (If rural, give location) <u>711 S. Kirkwood Rd.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>E.</u> c. (Last) <u>Dodson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18, 1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 5, 1871</u>			
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Gerald, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>John</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alice E. Dodson</u>				ADDRESS <u>Old Folks Home, Kirkwood, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES <u>Cardiac asthma</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>93rd St</u> <u>4th St</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from <u>Jan. 17, 1949</u> to <u>Jan 18, 1949</u> , that I last saw the deceased alive on <u>Jan 17, 1949</u> , and that death occurred at <u>5:21 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Quentin M. James M.D.</u>				23b. ADDRESS <u>508 N. Kirkwood Rd. Kirkwood, Mo.</u>		23c. DATE SIGNED <u>1/19/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/20/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-19-49</u>		REGISTRAR'S SIGNATURE <u>Thurston L. Lunn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp, Inc.</u>				ADDRESS <u>Kirkwood, Mo.</u>	

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

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**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 Felix Demand

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 MD

**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.