

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31613  
8029  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <b>None</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>None</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>2-117</b> OR TOWN <b>Saint Louis</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>4281 W. St. Ferdinand Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>4281 W. St. Ferdinand Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b>	b. (Middle)	c. (Last) <b>DOZIER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 20, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 30, 1903</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machine Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Finance</b>	11. BIRTHPLACE (State or foreign country) <b>Washington, D. C.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Dozier</b>	13b. MOTHER'S MAIDEN NAME <b>Bertha -- Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Alma Dozier</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Alma Dozier, 4281 W. St. Ferdinand</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>one day</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>July Rheumatic Heart</b>  ANTECEDENT CAUSES <b>Rheumatic fever</b> Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>2400X</b>
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22. I hereby certify that I attended the deceased from **July 1, 1950**, to **Sept 20, 1950**, that I last saw the deceased alive on **Sept 20, 1950**, and that death occurred at **6A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. Young M.D.</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>2337 Market St.</b>	23c. DATE SIGNED <b>9/21/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9/21/50</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Washington, D. C.</b>
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DATE REC'D BY LOCAL REG. <b>SEP 22 1950</b>	REGISTRAR'S SIGNATURE <b>J.B. Lasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gates Funeral Home, 4107 Finney Ave</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*John*

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*John K. Cunningham*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4476

P. O. Address. 4107 Finney Avenue

**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.