

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11330

State File No.

REG. # 100 342
FILED MAR 29 1952
XC-465184

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>711</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 OR TOWN (If outside corporate limits, write RURAL and give township) <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (In this place) <u>17 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		<u>2249</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMIN. HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>2837A WINNEBAGO</u>			
3. NAME OF DECEASED a. (First) <u>HOWARD</u> (Type or Print)		b. (Middle) <u>H.</u>		c. (Last) <u>DODENHOF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 15 1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>9-9-86</u>	9. AGE (In years last birthday) <u>65 YR.</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>PIKE J. DODENHOF</u>			13b. MOTHER'S MAIDEN NAME <u>EMMA WHITTER</u>			14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u>		16. SOCIAL SECURITY NO. <u>487-22-9451</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, VAH, JEFF. BRKS, MO.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>002X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>etc</u>				20. AUTOPSY? YES <input checked="" 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) (Min.)		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>2-27-1952</u> , to <u>3-15-</u> , 19 <u>52</u> , and that death occurred at <u>1:00 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.A. Doria</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>VAH, JEFF. BRKS, MO.</u>		23c. DATE SIGNED <u>3-15-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>March 18 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRACKS, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-17-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U. & L. Co.</u> <u>781 1/2 So. Broadway, St. Louis, Mo. 11</u>			

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

- 54 (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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Levin C. Hoffmeister

Licensed Embalmer No.

3871

P. O. Address

7814 S Broadway

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.