

FILED MAY 19 1952

STANDARD CERTIFICATE OF DEATH

State File No. **17917**
Registrar's No. **4004**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6023 Washington		d. STREET ADDRESS (If rural, give location) 6023 Washington	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Edward c. (Last) Dotzman			4. DATE OF DEATH (Month) (Day) (Year) 4 27 52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/23/71		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY J. B. Gurry Mfg. Co.		11. BIRTHPLACE (State or foreign country) St Louis	
13a. FATHER'S NAME John Dotzman			13b. MOTHER'S MAIDEN NAME Mary ?		14. NAME OF HUSBAND OR WIFE Jennie Dieder Dotzman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-12-9386		17. INFORMANT'S SIGNATURE OR NAME B. L. Booth	
				ADDRESS 1101 Edward Drive	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma			INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) Senility				
		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"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X			

22. I hereby certify that I attended the deceased from **5-28-51**, 19____, to **4/27/52**, 19____, that I last saw the deceased alive on **4/27/52**, 19____, and that death occurred at **7:12 p** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS 812 Olive St		23c. DATE SIGNED 4/28/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/30/52		24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	
				24d. LOCATION (City, town, or county) (State) St Louis Mo.	

DATE REC'D BY LOCAL REG. APR 29 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster, Inc.	
				ADDRESS 6633 Clayton	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Ernest W. Spillers

Signed.....

Student Embalmer

Licensed Embalmer No. *H080*

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.