

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3472

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No.)

Registration District No. 791
Primary Registration District No. 1003
Sanitarium

File No.
Registered No. 1108
St. Ward)

2. FULL NAME

Florence Dawson
(a) Residence. No. 2643 Bernard St. 13 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dave Dawson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 1 - 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	<u>42</u>	<u>10</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Factory Worker
(b) General nature of industry, business, or establishment in which employed (or employee) Unknown
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Tennessee

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Tennessee

14.

INFORMANT Dr. Joseph A. Scopelito
(Address) St. Louis City Sanitarium

15.

FILED Mar 6 1928 Man b Starr-coff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 19 28

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1922, to Jan 8, 1928, that I last saw her alive on Jan 8, 1928, and that death occurred, on the date stated above, at 5:35 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108
10100
CONTRIBUTORY (SECONDARY) 10100
(duration) 7 yrs. 14 mos. 14 ds.
(duration) 7 yrs. 14 mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & X-Ray

(Signed) Joseph A. Scopelito, M. D.

Jan 9, 1928 (Address) St. Louis City Sanitarium

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Louis

DATE OF BURIAL

11/2 28

20. UNDERTAKER

W. Richter 25 no St. Louis

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

