

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

Do not use this space.

35401

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St Louis*

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. *4259 Kennerly*)

File No.....  
Registered No. **10428**  
St. .... Ward)

**2. FULL NAME**

*Louisa Dawson*

(a) Residence. No. *4259 Kennerly* St., *11* Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 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**

*Col.*

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

*Widow*

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

*und 1860*

**7. AGE**

*68*

**YEARS**

**MONTHS**

**DAYS**

If LESS than 1 day, hr. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *Housework*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

*Kentucky*

**10. NAME OF FATHER**

*Unknown*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Unknown*

**12. MAIDEN NAME OF MOTHER**

*Unknown*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Unknown*

**14.**

**INFORMANT**

(Address)

*Wilson Dawson  
4259 Kennerly Ave*

**15.**

FILED

*ST 29 1928*

*Max S. Stakoff*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

*10-20-1928*

**17.**

I HEREBY CERTIFY That I attended deceased from *10-15-1928* to *10-20-1928* that I last saw her alive on *10-20-1928*, and that death occurred, on the date stated above, at *11:30 P.M.*

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Mitral insufficiency*

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH:

*not known*

**DID AN OPERATION PRECEDE DEATH? DATE OF**

WAS THERE AN AUTOPSY?

*No*

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed)

*John L. Perry*

(Address)

*4452 Kennerly*

\*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**

DATE OF BURIAL

*Washington Park*

*10-25-1928*

**20. UNDERTAKER**

ADDRESS

*Catholic Home 4107 Finney*

N. 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.

