

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City... *St. Louis*

(No. *City Hospital # 1*)

**791
1003**

File No.....

18988

Registered No.....

5518

St. Ward)

2. FULL NAME

Albert Dawell

(a) Residence, No. *1790 So. Wharf St.* St. *22* 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

Male

4. COLOR OR RACE

White

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

Widowed

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

Unknown

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

Unknown 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

About 66

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bedder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Iowa

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

"

15. MAIDEN NAME

"

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

"

17. INFORMANT

(ADDRESS)

*Records Coroner Court - W. Benz
300 Clark Ave*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Calvary Cem.* DATE *June 2, 1934*

19. UNDERTAKER

(ADDRESS)

*J. H. Helburn & Co
184 1/2 Meigs St*

20. FILED

11N - 2 1934

*Jos. J. Bredeck
Registrar.*

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 22, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at *4:45 pm.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Chronic Hypertension
Chronic Interstitial Nephritis
Cirrhosis of Liver*

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) *J. J. O'Leary*

(Address) *St. Louis, Mo.*

6/2/34

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.

