

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.

APR 9 1937

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. 791
1003

File No. 9883

Township.....

Primary Registration District No. 3189

Registered No. 3189

City ST. LOUIS MO (No. LUTHERAN HOSPITAL)

(No. LUTHERAN HOSPITAL)

Ward

Ward

2. FULL NAME BENJAMIN F. DAWLEY

(a) Residence, No. 4102 LAFAYETTE AV. 17
(Usual place of abode)

(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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 14 - 1878

7. AGE YEARS 58 MONTHS 2 DAYS 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. HAULING &

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME FRANK DAWLEY

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) MRS. NANCY DAWLEY 4102 LAFAYETTE AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT HILL CEM 3-2-1937

19. UNDERTAKER (ADDRESS) BELLEVILLE, MO Schurr 3125 Lafayette Ave

20. FILED MAR 1 1937 J. Predeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 28 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-23-1937, to Feb 28 1937

I last saw him alive on Feb 27 1937. Death is said to have occurred on the date stated above, at 2:55 am.

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

Lobar Pneumonia
Metabol Insufficiency

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? No
If so, specify _____

(Signed) J. M. Gross, M. D.
(Address) 508 N. Grand St.

12 573 20 18

