

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

791

1008

30840

Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City Saint Louis (d) Street No. Barnes Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elvira L. Dawson

(a) Residence, No. 603 North Taylor Avenue St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED, GIVE NAME OF (OR) WIFE OF Freeman Dawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
54 1 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Sept. 1938
11. Total time (years) spent in this occupation Unk.

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

13. NAME Ned Offord

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

15. MAIDEN NAME Margaret Harvey

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

17. INFORMANT (ADDRESS) Margaret Hardiman
4184 West Belle Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Sept. 24, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. G. Bates
4107 Finney Avenue

20. FILED SEP 21 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1938

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 10:00 A.M.
The principal cause of death and related causes of importance were as follows:

Ascending Pyo-nephrosis with calculus Cysts of Kidney Mrs. Maly
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) Walter G. Perry M. D.
300 Clark Avenue

RECEIVED
STATE OF TEXAS
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

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, _____

James A. Johnson

, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 3522

P. O. Address 4107 Finney A. venue

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, above space should be left blank.