

REC'D FEB 10 1939

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

157
Do not use this space.

791
1003

Registered No. 152

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 2215 Montgomery Str. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Michael Dawe

(a) Residence, No. 2215 Montgomery Str. St. 20 (If nonresident, give city or town and State)

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 Alice Dawe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tile Setter
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) 1916
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Michael Dawe

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

MOTHER 15. MAIDEN NAME Catherine Ruddy

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

17. INFORMANT Alice Dawe
(ADDRESS) 4702 Highland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 1/6/39

19. FUNERAL DIRECTOR (NAME) Cullen & Kelly
(ADDRESS) 1416 N. Taylor Ave.

20. FILED JAN 4 1939
J. B. Bredish Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3rd, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 27th, 1938, to Jan 3rd, 1939
I last saw h. u alive on Jan 3rd, 1939 Death is said to have occurred on the date stated above, at u m.

The principal cause of death and related causes of importance were as follows:
Raduym
Obstructed coronary
Date of onset 4 days
30

Other contributory causes of importance:
H/I

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

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 Arthur S. Sweeney, M. D.
(Signed) Arthur S. Sweeney, M. D.
(Address) 2202 University St

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.

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,

....., or by Mark L. Tiernon

Registered Apprentice No. 174, working under my personal supervision.

Signed

Clement McWarry

Licensed Embalmer No. 3732

P. O. Address

St. Louis, Mo

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.