

WHILE FILLING IN USE UNFOLDING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
15 AUG 11 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24201**
Registrar's No. **6474**

Registration District No. **791**
1008
Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution BARNES HOSPITAL
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community 13 days
years, months or days)

3. (a) PRINT FULL NAME Glen Everett Glen Dawson
3. (b) If veteran, name war _____
3. (c) Social Security No. 357

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Simple Dawson
6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased June 10 1918
(Month) (Day) (Year)

8. AGE: Years 21 Months 1 Days 12
If less than one day hr. _____ min. _____

9. Birthplace Franklin County Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Time keeper W.P.G.

11. Industry or business _____

MOTHER FATHER { 12. Name Everett Dawson
13. Birthplace Franklin Co Ill
(City, town, or county) (State or foreign country)
14. Maiden name Ellie Mydette
15. Birthplace Franklin Co Ill
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Everett Dawson
(b) Address Rt 3 Benton Ill

17. (a) Removal (b) Date thereof 7-22-1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Benton Ill

18. (a) Signature of funeral director Pauland Mortuary Inc
(b) Address 4355 Washington Blvd

19. (a) JUL 24 1939 (b) J. B. Brubaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Illinois
(a) State Rural (b) County Franklin
(c) City or town Rural Benton Ill
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) NR
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 22
year 1939 hour 8 minute 50 a. M.

21. I hereby certify that I attended the deceased from July 9, 1939 to July 22, 1939;
that I last saw him alive on July 22, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Pneumonia 5 weeks
Duration

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Tuberculous pneumonia
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Pauland Mortuary Inc (M. D. or other)
Address BARNES HOSPITAL Date signed _____

6A7A

6A7A

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.....

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

Signed

Howard R. Rowland

Licensed Embalmer No.

3114

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.