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
DEC 13 1939

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 37617

Registration District No. 791 1008 Primary Registration District No. Registrar's No. 9456

**1. PLACE OF DEATH:** 3

(a) County

(b) City or town St. Louis, Hospital #1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 1

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1618 Park Ave
(If rural, give location)

NO PHYSICIAN IN ATTENDANCE

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Dawson 250

3. (b) If veteran, name war no

3. (c) Social Security No. 497-01-0837

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife May

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Oct. 24, 1874
(Month) (Day) (Year)

8. AGE: Years 65 Months -- Days 8 If less than one day hr. min.

9. Birthplace St. Charles, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Stove Co.

FATHER
12. Name Dave Dawson
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature May Dawson
(b) Address 1618 Park Ave

17. (a) Cremation (b) Date thereof 11/6/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) 1939 (b) J. F. Budrick
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. 2 day
year 1939 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Compound fracture of right leg, fracture 8th, 9th, & 10th left ribs, suffered when crushed by
Due to elevator in building at 201 Chambers Street, about 12:50 P.M.
Due to November 2, 1939. CAUSE AND MANNER OF ELEVATOR CRUSHING DECEASED

Other conditions UNKNOWN
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) ACCIDENT
(b) Date of occurrence November 2nd, 1939
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
4 In Industrial place
(Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 11-4-39

(Licensed Embalmer's Statement on Reverse Side)

**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 Paul A Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**