

Registration District No. 2801

Primary Registration District No. _____

1. PLACE OF DEATH: 1003 2
 (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:
4909 Parkview Place
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County L---
 (c) City or town St. Louis 12
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4909 Parkview Place
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary E. Dawkins 252
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. 3 day _____
 year 1939 hour 4 minute _____ M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife James Dawkins 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 16, 1856
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 22, 1939, to Dec. 2, 1939;
 that I last saw her alive on Dec. 2, 1939, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
83 5 17 hr. _____ min.

Immediate cause of death
malnutrition probably caused by old age
 Due to sunlight years
 Due to arterio-sclerosis years

9. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions (include pregnancy within 3 months of death)
 Major findings: none done
 Of operations _____
 Of autopsy none

11. INDUSTRY OR BUSINESS
 12. Name Washington Swann
 13. Birthplace Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Virginia
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. C. G. Dawkins
 (b) Address 4909 Parkview Place
 17. (a) Burial (b) Date thereof Dec. 5, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peter's Cem.
 18. (a) Signature of funeral director Harrigan & Sheehan
 (b) Address 4415 Washington Blvd.
 19. DEC 4 1939 (b) J. J. [Signature]
 (This received local registrar) (Registrar's signature)

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 J. J. [Signature] (M. D. or nurse)
 Address 607 N. Grand St. Date signed 12/9/39

WRITE PLAINLY—USE UNFADING 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.

Monterey Club
Jan. 22/11.
1:30 to 4 p.m.

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 Homer W. Dritz
Licensed Embalmer No. 3882

P. O. Address.....

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.