No. 2
1-4-41
17-39
X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15888

State File No. 0

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 759

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 615 NEWPORT AVE 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 9 MONTHS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS 96

(c) City or town WEBSTER GROVES. 7
(If outside city or town limits, write "RURAL")

(d) Street No. 615 NEW PORT AVE. 4
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MINNIE FLORENCE DAWSON

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife EDWIN P DAWSON

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

7. Birth date of deceased DECEMBER-1-1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	4	4	— hr. — min.

9. Birthplace BETHANY ILLINOIS 1
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

FATHER
12. Name JAMES McCORD
13. Birthplace UNKNOWN INDIANA 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZABETH CHADWELL
15. Birthplace UNKNOWN TENNESSEE 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lucille Dawson McMath
(b) Address 615 Newport, Webster Groves, Mo.

17. (a) BURIAL (b) Date thereof APRIL-7-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DECATUR ILLINOIS

18. (a) Signature of funeral director Parker Undertaking Co
(b) Address WEBSTER GROVES MO.

19. (a) APR 6 1941 (b) T R Meyer MD DPH
(Date received local registrar) (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1941 hour One minute a M.

21. I hereby certify that I attended the deceased from 12/13/1940, 19..., to April 5, 1941;
that I last saw her alive on April 4, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Dis. Heart. Angina Pectoris	Mos.
Due to Art. Sclerosis	
Due to TTA	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) none
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none
(Specify type of place)
While at work? none (e) Means of injury none

23. Signature Frank P. Gaunt (M. D. or other) MD
Address 13a N. Gore, Webster Groves, Mo. Date signed 4/5/41

(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 C. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves

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

If this body is not embalmed, fact should be so stated above.