

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16438**
3956
Registrar's No.

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs.
(Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME CHARLIE DAWSON

3. (b) If veteran, No name war No
3. (c) Social Security No. No

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Kay 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Oct. 1 1912
(Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Boston, U.S.A.
(City, town, or county) (State or foreign country)

10. Usual occupation Plasterer

11. Industry or business

12. Name William Dawson
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Lillian Sweet
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Robert W. W. W.
(b) Address 383 S. 2nd St. St. Louis, Mo.

17. (a) (Brother) (b) Date thereof 5/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, D.C.

18. (a) Signature of funeral director Jordan H. E. E.
(b) Address 3100 S. 1st St. St. Louis, Mo.

19. (a) MAY 10 1941 (b) J. H. E.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 805 Bell St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1941 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Lobar Pneumonia. Duration _____

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 James J. E. E. (M. D. or other) _____
Address _____ Date signed _____

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

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, ~~only~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Henry A. Gooden

Licensed Embalmer No. *3050*

P. O. Address *4237 W. Labadie*

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, fact should be so stated above.