

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16566

State File No.

4084

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 Days**
(Specify whether
In this community **48 years**
years, months or days)

3. (a) PRINT FULL NAME **Clifford Dawson**

3. (b) If veteran, name war **World War** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Estelle Dawson** 6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **June 19 1892**
(Month) (Day) (Year)

8. AGE: Years **48** Months **10** Days **26** If less than one day
hr. min.

9. Birthplace **St. Louis** **0 Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Taveran Owner**

11. Industry or business

12. Name **Louis Dawson**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Carrie Murray**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Estelle Dawson**
(b) Address **3301 N. 19th. St.**

17. (a) **Burial** (b) Date thereof **5-17-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**
Henry Leidner U. Co.

18. (a) Signature of funeral director
(b) Address **2223 St. Louis Ave.**

19. (a) **MAY 15 1941** (b) **J. T. Budeck**
(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. **3301 N. 19th. 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 **15**,
year **1941** hour **4:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 15**, 19**41**,
that I last saw him alive on **May 15**, 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death: **Syphilitic aortitis**
degeneration of aorta
Syphilis
Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) (Means of injury)

23. Signature **M. M. Kail** (M.A. or other)
Address **1515 Lafayette Avenue** Date signed **5/15/41**

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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 L. Ponder

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis ave*

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.