

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution: St. Luke's Hospital
(d) Length of stay: In hospital or institution. 21 Days
In this community.....

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County..... Madison
(c) City or town..... Alton
(d) Street No. 1851 Evergreen Ave.
(e) Citizen of foreign country?..... (Yes or No) 2
If yes, name country.....

3. (a) PRINT FULL NAME Mary Elizabeth Dawson
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 12
year 1942 hour 7:20 minute A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. February 9 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 12, 1939 to March 12, 1942
that I last saw her alive on March 11, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
43 1 3 hr. min.

Immediate cause of death. Carcinoma of breast with metastases
Duration 3 yrs.

9. Birthplace Mattoon Illinois
10. Usual occupation Retired Superintendent of Nurses
11. Industry or business Hospital

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Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

MOTHER FATHER
12. Name Isaac Milton Dawson
13. Birthplace Alton Illinois
14. Maiden name Jennie Rutledge Percival
15. Birthplace Alton Illinois

PHYSICIAN
Major findings: Adeno-carcinoma in tumor removed from left breast
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

16. (a) Informant Clair D. Sargent
(b) Address 1851 Evergreen Ave. Alton, Ill
17. (a) Burial (b) Date thereof Mar. 14 1942
(c) Place: burial or cremation Oakwood Cemetery Alton, Illinois
18. (a) Signature of funeral director Robert H. Strooper
(b) Address 2521 Edwards St. Alton, Ill
19. (a) MAR 13 1942 (b) J. F. Brudick
(Date 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) Means of injury.....
23. Signature Wm. Beckel (M. D. or other) MD
Address 275 Washington Date signed 3-13-42

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.....

Robert H. Streepes....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Robert H. Streepes*.....

Licensed Embalmer No..... *2474*.....

P. O. Address..... *Alton, Ill.*.....

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.