

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 776

1. PLACE OF DEATH:
 (a) County. **St. Louis County**
 (b) City or town. **Jefferson Barracks**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Veterans Administration Facility**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **Adm. Jan. 7, 1942.**
 In this community **unknown.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Clarence H. Dawson**
 3. (b) If veteran, name war **World War 1918** 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 **Cara** 6. (c) Age of husband or wife if alive **unkn.** years
 7. Birth date of deceased **September 11, 1889**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 6 23 hr. min.

9. Birthplace **Allegan, / Michigan.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Social Worker**

11. Industry or business **-**

MOTHER FATHER { 12. Name **Henry B. Dawson,**
 13. Birthplace **Allegan / Michigan**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Frederica Kinschman**
 15. Birthplace **Allegan / Michigan**
 (City, town, or county) (State or foreign country)

16. (a) Informant **M. Schellig**
 (b) Address **Clinical Clerk, VAF, off. Bks., Mo.**

17. (a) **BURIAL** (b) Date thereof **APRIL 6-42**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **oak hill cemetery**

18. (a) Signature of funeral director **[Signature]**
 (b) Address **784 S. [Address]**

19. (a) **APR - 6 1942** (b) **[Signature]**
 (Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis,** (If outside city or town limits, write "RURAL") **17**
 (d) Street No. **425 North Taylor,** (If rural, give location) **9**
 (e) Citizen of foreign country? **-** (Yes or No)
 If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April 4th** day
 year **1942** hour **8:30** minute **p.** M.

21. I hereby certify that I attended the deceased from
January 7, 19 **42** to **April 4,** 19 **42**
 that I last saw him alive on **April 4,** 19 **42**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Glioma, right temporal and parietal regions.**

Due to **[Signature]**
 Due to **5**

Other conditions **-**
 (Include pregnancy within 3 months of death)

Major findings: Of operations **-**

Of autopsy **Autopsy performed. See cause of death.**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **no**

(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? **P. W. Good** (Specify type of place) Means of injury **0**

23. Signature **R. W. GOOD, M.D.,** (M. D. or other)

Address **Acting Chief Medical Officer** Date signed **4/4/42.**

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

MAY 21 1941

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.....

Licensed Embalmer No.....

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, fact should be so stated above.