

FILED JUN 22 1942 9-1
Registration District No.

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County
(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:
Enroute to Children Hos'p. (Barnes) 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community **1 year**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4047 McPherson Ave**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
No Attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10**
year **1942** hour **10** minute **30 P.M.**

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Broncho Pneumonia**
(Primary)

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

Major findings:
Of operations.....
Of autopsy.....

Duration

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?

(Specify type of place) While at work?..... (e) Means of injury.....
23. Signature **Alfred Perry** (M. D. or other)
Address **410/92** Date signed

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

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

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced

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

7. Birth date of deceased **October 31 1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 7 9 hr. min.

9. Birthplace **Dresden Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name **Major Dawson**

13. Birthplace **Dresden Tenn**
(City, town, or county) (State or foreign country)

14. Maiden name **Edith Surratt**

15. Birthplace **Dresden Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Dawson**

(b) Address **4047 McPherson Ave**

17. (a) **Burial** (b) Date thereof **6.11.42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pisgah Church Yard (near Dresden Tenn.)**

18. (a) Signature of funeral director **Mary**

(b) Address **4356 Lindell**

19. (a) **J. F. Meshek** (b) **J. F. Meshek**
(Date signed) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

166
100
1942

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 W. W. Wilkinson
Licensed Embalmer No. 3575
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.