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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

# MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 28646

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 2990

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

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town Saint Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Mary's ~~Hospital~~ Infirmary (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County Saint Louis 17
(c) City or town Saint Louis 119 (If outside city or town limits, write "RURAL")
(d) Street No. 4184 West Belle Place (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Freeman Dawson
3. (b) If veteran, name war ---
3. (c) Social Security No.
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elvira
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Unknown (Month) abt. (Day) 1880 (Year)

8. AGE: Years abt. 62 | Months ? | Days ? | If less than one day --- hr. -- min.

9. Birthplace Upson County (City, town, or county) Georgia (State or foreign country)
10. Usual occupation Laborer
11. Industry or business ---
12. FATHER Name Fate Dawson
13. FATHER Birthplace Upson County (City, town, or county) Georgia (State or foreign country)
14. MOTHER Maiden name Edith
15. MOTHER Birthplace Upson County (City, town, or county) Georgia (State or foreign country)
16. (a) Informant Fannie Freeman
(b) Address 4184 West Belle Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Chas J Gates
(b) Address 4107 Finney Avenue
19. (a) SEP 23 1942 (Date received local registrar) (b) J. F. Bredecke (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th year 1942 hour 12 minute 30 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.

| | Duration |
|---|---|
| Immediate cause of death: Septic Pneumonia; Subdural hemorrhage of the brain; while being hospitalized | |
| Due to for injuries received when he fell to the floor of a westbound Page Ave. | |
| Due to streetcar manned by one Michael J. Molloy, on Washington Ave. (exact | |
| Other conditions (Include pregnancy within 3 months of death) location unknown) about 4:55 P. M. May 7th, 1942. | |
| 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) Accident
(b) Date of occurrence May 7th, 1942
(c) Where did injury occur? St. Louis, Mo. 000 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)
While at work? (e) Means of injury ?
23. Signature Thomas J Callana (M. D. or other)
Address Deputy Coroner Date signed 9/23/42

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

James A. Johnson, Registered Apprentice No.....

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**