

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41887

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 2649

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Osage Crossing 3 Mo Pac- Tracks
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Bertha L. Dawson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert Dawson 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Oct 8 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 2 6 hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Harold F. Schedel

13. Birthplace Ills.
(City, town, or county) (State or foreign country)

14. Maiden name Eva C. Holland

15. Birthplace Ills.
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Dawson

(b) Address 419 Highland Kirkwood, Mo.

17. (a) Burial (b) Date thereof 12-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker

18. (a) Signature of funeral director Crocker

(b) Address Crocker

19. (a) DEC 16 1942 (b) E. G. McFarland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 419 Highland
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1942 hour 3:35 minute P M.

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

Immediate cause of death While riding in an automobile that was struck by Mo. Pac. train.

Due to Concussion of brain due to skull fracture.

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Yes.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec. 14, 1942

(c) Where did injury occur? Osage & Mo. Pac. trks
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature H. B. Bays

Address Kirkwood, Mo. 12/16/42 Date signed.....

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

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.....

Julius M. Meyer

Licensed Embalmer No. *3288*

P. O. Address *Wirkwood, Mo.*

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.