

FILED MAY 14 1943 18

Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3936 OLIVE
(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)

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. 3936 OLIVE
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HAROLD C. DAWNING

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced, Divorced
 6. (b) Name of husband or wife MARGARET 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased MAY 12 1896
(Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation DENTIST RETIRED

MOTHER FATHER { 11. Industry or business _____
 { 12. Name ARTHUR DAWNING
 { 13. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)
 { 14. Maiden name MAMMIE KIELY
 { 15. Birthplace SPRINGFIELD MASS.
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Margaret Downing
 (b) Address 4873 Palg.

17. (a) BURIAL (b) Date thereof MAY 6 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Cyfler & Kelly

(b) Address 1414

19. (a) MAY 5 1943 (b) J. F. Coresick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
 year 1943 hour 9 minute 00 P.

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 _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Thomas F. Calloway (M. D. or other) _____

Address Deputy Coroner Date signed 5-5-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

No Embalmer

Registered Apprentice No.

working under my personal supervision.

Signed

Clement M. Neuf

Licensed Embalmer No.

3732

P. O. Address

St. Louis

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.