V. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16004

State File No.

FILED JUN 4 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4630

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town Glen Carbon (If outside city or town limits, write "RURAL") N.R
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Adam B. Dawson
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife Unavailable
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 11, (Day) 1880 (Year)

8. AGE: Years 62 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation Machinist
11. Industry or business

MOTHER
12. Name Thomas Dawson
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

FATHER
14. Maiden name Dorothy Nichshane
15. Birthplace Unknown (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mrs. John O'Hara
(b) Address Glen Carbon, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/17/43 (Month) (Day) (Year)
(c) Place: burial or cremation Edwardsville, Ill
18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,
19. (a) MAY 18 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1943 hour 4 minute 35 P M.
21. I hereby certify that I attended the deceased from Apr 22, 1943, to May 15, 1943, that I last saw h... alive on May 15, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Myocardial Disease	3 mos
Due to: Cirrhosis of Liver	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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)
(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 J. K. Nakada, M. D.
Address Humboldt Bldg. Date signed 5/15/43

(Licensed Embalmer's Statement on Reverse Side)

NO EMBALM

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 Albert H. Hippe per HHH

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.