

FILED OCT 31 1944

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 8328

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:  
St. John Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_ 19

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4909 Parkview Pl  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mamie L. Dawkins

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28th,  
year 1944 hour 8:15 A.M. M.

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

21. I hereby certify that I attended the deceased from 9-22-44, 1944 to 9-28-44, 1944  
that I last saw h.c. alive on 9-27, 1944  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Charles A. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 17th. 1869  
(Month) (Day) (Year)

Immediate cause of death:  
Arterio Sclerotic Heart Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
9/28

8. AGE: Years Months Days If less than one day

74	9	11	hr. min.
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Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Sales Lady

11. Industry or business Spencer Garment Co.

12. Name Alex Garvin

13. Birthplace U.S.A.  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Keenan

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

16. (a) Informant Joseph F Garvin

(b) Address 4605 Lindell Blvd.

17. (a) Burial (b) Date thereof 9/30/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of Heanigan & Sheahan Und Co

(b) Address 4415 Washington Blvd.

19. (a) SEP 29 1944 (b) J. F. Brodick  
(Date received local registrar) (Registrar's signature)

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) (M. D. or other)

23. Signature Carl H. [unclear] (M. D. or other)

Address Franklin Bldg Date signed 7-29-44

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

MOTHER FATHER

844

