

FILED JAN 5 1948
Registration District No. 3048

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town. St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 days
(Specify whether Memorial)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County.....
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 611a Market
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Charles Dawkins
3. (b) If veteran, name war. unk
3. (c) Social Security No. unk
4. Sex. male 5. Color or race. white
6. (a) Single, widowed, married, divorced. widower
6. (c) Age of husband or wife if alive. _____ years
7. Birth date of deceased. October 25th ??
(Month) (Day) (Year)

20. DATE OF DEATH: Month Dec. day 23rd
year 1944 hour 7:00 minute _____ P. M.
21. I hereby certify that I attended the deceased from 12/19/44, 19____, to 12/23/44, 19____;

that I last saw h im alive on 12/23/44, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial failure Duration _____
Due to uremia
Due to urinary extravasation

8. AGE: Years Months Days If less than one day
69 _____ _____ _____ hr. _____ min.

Other conditions. (Include pregnancy within 3 months of death) 1/26
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace. England (City, town, or county) (State or foreign country)
10. Usual occupation. ?
11. Industry or business _____
12. Name. William
13. Birthplace. England (City, town, or county) (State or foreign country)
14. Maiden name. Emily Isles
15. Birthplace. England (City, town, or county) (State or foreign country)

16. (a) Informant. M. Renard
(b) Address. St. Louis City Hospital
17. (a) _____ (b) Date thereof. 12-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director. [Signature]
(b) Address. 3509 Ruston
19. (a) DEC 29 1944 (b) [Signature]
(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 _____
Where did injury occur? _____ (City or town) (County) (State)
(c) 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. [Signature] (M or other) _____
Address. 1515 Lafayette Date signed. 12/26/44

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.....

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.