

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1946
STANDARD CERTIFICATE OF DEATH
1003

State File No. 11044
Registrar's No. 2366

Registration District No. Primary Registration District No.

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:
5042 a Murdock Ave
(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 James D Dawson
3. (b) If veteran, name war No 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bridget 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased May 14 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 9 26 hr. min.

9. Birthplace Toronto Canada
(City, town, or country) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Retired 20 Yrs

12. Name Unknown Dawson

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

14. Maiden name Unknown

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

16. (a) Informant Bridget Dawson

(b) Address 5042a Murdock Ave

17. (a) Burial (b) Date thereof 3 12 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Eemt Alton Ill

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So. Kingshighway

19. (a) MAR 1 1946 (b) J. F. Rudeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 0-0-1
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5042a Murdock Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1946 hour 2 AM minute M.

21. I hereby certify that I attended the deceased from Aug 1, 1948 to Mar 10, 1946
that I last saw h.m. alive on 3-10-46
and that death occurred on the date and hour stated above.

Immediate cause of death Infinitum aged 82 yrs.

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 Dr. J. F. Rudeck (M.D. or other)
Address 4523 S. Kingshighway Date signed 3/11/46

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.....

Edmund J. Bernath

Licensed Embalmer No.

3024

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.

11044