

**FILED** JUL 26 1946  
318

**STANDARD CERTIFICATE OF DEATH**  
1003

State File No. \_\_\_\_\_  
Registrar's No. **6250**

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

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

**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:  
**3631a McRee 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 **Bruce Dawson**

3. (b) If veteran, name war **Nil**  
3. (c) Social Security No. **489-10-5075**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Elsie Rose Dawson**  
6. (c) Age of husband or wife if alive **57** years  
7. Birth date of deceased **February 7 1881**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **5** Days **6**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **White Hall Illinois /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

**11. Industry or business**

12. Name **Charles W. Dawson**  
13. Birthplace **White Hall Illinois /**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Carr**  
15. Birthplace **Unknown Kentucky /**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles A. Dawson**  
(b) Address **Route 13, Kirkwood, Mo.**

17. (a) **Removal** (b) Date thereof **7-13-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **White Hall, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Blvd.**

19. (a) **JUL 15 1946** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

**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. **3631a McRee**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **13**  
year **1946** hour **12** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to **July 13 1946**  
that I last saw him alive on **July 12 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Thrombosis** Duration **1 wk**

Due to **Myocardial Chr** 5 yrs.

Due to **Heart bladder disease** 3 yr.

Other conditions **Stones**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **g-2**

**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)  
(c) Means of injury **Gunshot**  
23. Signature **Dr. J. F. Bredek** (M. D. or other) \_\_\_\_\_  
Address **1512 So. Grand** Date signed **7-13-46**

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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

Henry M. Brammer

Licensed Embalmer No. 4200

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.