

FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED JAN 22 1948

Registration District No.

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

1003

State File No.

2421

288

Registrar's 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.....
2000 Nebraska Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 60 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME..... Ernest G. Dawson.3. (b) If veteran,
name war.....

3. (c) Social Security No.

4. Sex..... Male 5. Color or race..... White
6. (a) Single, widowed, married, divorced..... Married
6. (b) Name of husband or wife..... Dawson 6. (c) Age of husband or wife if alive..... 55 years
7. Birth date of deceased..... July 22 1878
(Month) (Day) (Year)

8. AGE: Years..... 69 Months..... 5 Day..... 16 If less than one day
..... hr. min.

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

10. Usual occupation..... Locomotive Engineer11. Industry or business..... Missouri Pacific R.R.12. Name..... George Dawson..... Mo13. Birthplace..... Mo
(City, town, or county) (State or foreign country)14. Maiden name..... Annie Agee..... Mo15. Birthplace..... Mo
(City, town, or county) (State or foreign country)16. (a) Informant..... Mrs. Grace Dawson(b) Address..... 2000 Nebraska Ave.17. (a) Burial..... (b) Date thereof..... Jan 12 48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... Hiram Cemetery18. (a) Signature of funeral director..... Only funeral home(b) Address..... 3029 Lafayette Ave19. (a) JAN 10 1948..... (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County..... ore
(c) City or town..... St. Louis (If outside city or town limits, write "RURAL")
(d) Street No..... 2000 Nebraska Ave
23 (If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Jan..... day..... 8
year..... 1948..... hour..... 12:48..... minute..... P...... M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death..... 1. Subdural Hemorrhage; 2. Retro-Peritoneal Hemorrhage; 3. Fracture of Ribs: when deceased was found
lying on concrete walk in the rear
yard directly beneath an opened second
floor window at his home 2000 Neb-
raska Ave., on Jan. 8th, 1948, at
about 12:48 P.M. -- WHETHER

Other conditions..... about 12:48 P.M. -- WHETHER
(Include pregnancy within 3 months of death)

ACCIDENTAL OR SUICIDAL COULD NOT

Major findings: BE DETERMINED

Of operations.....

Of autopsy..... 192

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... OPEN VERDICT

(b) Date of occurrence..... Jan. 8th, 1948..... ood

(c) Where did injury occur?..... St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... About home
(Specify type of place)

While at work?..... Means of injury.....

23. Richard E. Braddock
Address..... Date signed..... 1/10/48

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.....

David Van Fossen

Licensed Embalmer No. *4242*

P. O. Address *3029 Lafayette*

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.