

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2597

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 472

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE			b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR: TOWN. <u>St. Louis</u>			c. LENGTH OF STAY (In this place) <u>19 days</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>130 7 Hadley</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bennie</u>			b. (Middle)			c. (Last) <u>Dawson</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14 1949</u>			5. SEX <u>Female</u>			6. COLOR OR RACE <u>Colored</u>					
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>			8. DATE OF BIRTH <u>April 14, 1885</u>			9. AGE (In years last birthday) Months Days <u>63 9</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>Al Dawson</u>			13b. MOTHER'S MAIDEN NAME <u>Addie Stovall</u>					
14. NAME OF HUSBAND OR WIFE <u>None</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO.					
17. INFORMANT'S SIGNATURE OR NAME <u>Lizzie Jones, Friend, 1512 r Cole</u>			17. ADDRESS								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia; Contrib:</u> <u>Full thickness + Part thickness</u> ANTECEDENT CAUSES <u>lulus of back buttocks and legs; under his clothing became</u> DUE TO (b) <u>ligated, while working</u> DUE TO (c) <u>injury in front of coal stove</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to the disease or condition causing death. <u>in his home about 3:00 am</u>						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>Died 26 1948. No autopsy</u> <u>Building or Contractor's Accident</u>								
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 26 48 3:00</u>			21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>69110</u>					
22. I hereby certify that I attended the deceased from <u>12-26</u> , 19 <u>48</u> , to <u>1-14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-14</u> , 19 <u>49</u> , and that death occurred at <u>4:15 pm.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Patrick E Taylor Foreman</u>						23b. ADDRESS <u>1300 Clark</u>			23c. DATE SIGNED <u>1-17-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			24b. DATE <u>1/18/49</u>			24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State) <u>Memphis Tenn</u>		
DATE RECEIVED BY LOCAL REG. <u>JAN 17 1949</u>			REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>G. Wade Cranberry, 4202 Finney</u>					

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

FEB 1 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Melvin E. Green

Licensed Embalmer No. *4428*

P. O. Address *St. Louis, Mo*

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.