

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9943

FILED MAR 19 1949

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2212

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2212	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAINT LOUIS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1460 LAUREL AVE.</u>				d. STREET ADDRESS (If rural, give location) <u>1460 LAUREL AVE.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HAROLD</u>		b. (Middle) <u>(HARRY)</u>		c. (Last) <u>DAWSON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 11TH, 1949</u>							
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCTOBER 28TH 1873</u>	
9. AGE (In years last birthday) <u>75</u>		10. UNDER 1 YEAR <u>4</u>		11. UNDER 1 YEAR <u>13</u>		12. UNDER 1 YEAR <u>Hours</u> <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STOREKEEPER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>CITY OF ST. LOUIS</u>		11. BIRTHPLACE (State or foreign country) <u>LA HARPE, ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>RICHARD DAWSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET WITTMORE</u>		14. NAME OF HUSBAND OR WIFE <u>ETTA DAWSON, "NEE BAIRD"</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ETTA DAWSON, 1460 LAUREL AVENUE</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Liver</u> ANTECEDENT CAUSES <u>Cirrhosis - Liver</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ch. Myocarditis</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>155X</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>LL</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 10, 1949</u> to <u>Mar 11, 1949</u> that I last saw the deceased alive on <u>3-11</u> , 1949, and that death occurred at <u>9:00 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Leo J. Reilly M.D.</u>				23b. ADDRESS <u>8105 Presb. Bldg</u>		23c. DATE SIGNED <u>3-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO., MISSOURI</u>	
DATE REC'D BY LOCAL HEALTH DEPT. <u>MAR 14 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasator</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CALVIN F. FEUTZ, 4828 NAT'L BRIDGE BL.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

2786

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*John A. Menden*

Licensed Embalmer No. *4186*

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.