

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14185
3787

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. CITY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION. 919 Bates St.				d. STREET ADDRESS (If rural, give location). 919 Bates St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Charles		b. (Middle) M		c. (Last) Dawson Sr	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 29, 1864	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (Salesman)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) London, Canada		12. CITIZEN OF WHAT COUNTRY? 2	
13a. FATHER'S NAME Melville Dawson		13b. MOTHER'S MAIDEN NAME Leila Hanna		14. NAME OF HUSBAND OR WIFE Wilhelmina Dawson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Minnie Dawson			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Surgical Shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fall down steps. DUE TO (c) Fracture of surgical neck of R. humerus. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerosis, Arterio-sclerotic heart				INTERVAL BETWEEN ONSET AND DEATH 48 hours many years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 000				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE Fell at home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis		21d. (COUNTY) Mo	
21d. TIME OF INJURY April 18 1952		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? Fell down cellar steps.			
22. I hereby certify that I attended the deceased from 6/23 , 19 49 to 4/20 , 19 52 , that I last saw the deceased alive on 4/20 , 19 52 , and that death occurred at 7:15 P.M. , from the causes and on the date stated above. 21							
23a. SIGNATURE J. J. Mosley, M.D.				23b. ADDRESS 3554 Victor St.		23c. DATE SIGNED 4/21/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-23-1952		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery, St. Louis, Missouri		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL APR 22 1952		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		FUNDAL DIRECTOR'S SIGNATURE C. Hoffmeister Colonial Mortuary			
				ADDRESS 646 Chippewa St., St. Louis, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. P. G. Moskop
3554 Victor St.,
LA 0510

La 8065
3-6

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.....

Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.