

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23104**
Registrar's No. **5756**

JUN 24 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo**
c. LENGTH OF STAY (In this place) **12 yrs.**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri Pacific Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri**
b. COUNTY _____
c. CITY OR TOWN **St. Louis**
d. In Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **24 3829 Missouri Ave.**

3. NAME OF DECEASED
a. (First) **ALBERT**
b. (Middle) **-**
c. (Last) **RAWSON**
4. DATE OF DEATH (Month) (Day) (Year) **June 8, 1953**

5. SEX **male** **6. COLOR OR RACE** **white**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED **married**
8. DATE OF BIRTH **Nov. 28, 1889**
9. AGE (In years last birthday) **63** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Mail Clerk**
10b. KIND OF BUSINESS OR INDUSTRY **Mo-Pac RR**
11. BIRTHPLACE (City and State or Foreign Country) **Bonne Terre, Mo.**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **William Rawson**
13b. MOTHER'S MAIDEN NAME **Jane Bailey**
14. NAME OF HUSBAND OR WIFE **Mrs. Bertha E. David Rawson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **-** (If yes, give war or dates of service) **-**
16. SOCIAL SECURITY NO. **492-16-5029**
17. INFORMANT'S SIGNATURE OR NAME **Mrs. Bertha E. Rawson**
ADDRESS **3829 Missouri Ave.**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinomatosis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Carcinoma of left kidney**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____
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) _____
21e. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**
21f. HOW DID INJURY OCCUR? **180 X**

22. I hereby certify that I attended the deceased from **May 30, 1953** to **June 8, 1953** that I last saw the deceased alive on **June 8, 1953**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Benjamin H. Charles, M.D.**
23b. ADDRESS **Missouri Pacific Hosp.**
23c. DATE SIGNED **9 June 1953**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**
24b. DATE **June 11, 1953**
24c. NAME OF CEMETERY OR CREMATORY **St. Joseph Cemetery**
24d. LOCATION (City, town, or county) (State) **Bonne Terre, Mo**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **J. Charles Smith MO**
25. FUNERAL DIRECTOR'S SIGNATURE **Beiderwieden F.H. Inc.**
ADDRESS **1936 St. Louis Ave.**

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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.