

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6076

State File No.

BIRTH DATE FILED MAR 12 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1973

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| 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 OR TOWN <u>St. Louis</u>) | | c. CITY OR TOWN <u>St. Louis</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>2 Days</u> | | e. STREET ADDRESS (If rural, give location) <u>7419 Sha rp. Ave. 2019</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Robert</u> | b. (Middle) <u>R.</u> | c. (Last) <u>Dawson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 2 1954</u> |
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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 4, 1914</u> | 9. AGE (In years last birthday) <u>40</u> | IF UNDER 1 YEAR Months | IF UNDER 12 Hrs. Days Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Robert L. Dawson</u> | 13b. MOTHER'S MAIDEN NAME <u>Minnie C. Casler</u> | 14. NAME OF HUSBAND OR WIFE <u>Wanda Dawson</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u> | 16. SOCIAL SECURITY NO. <u>WW 11</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Robert L. Dawson</u> | ADDRESS <u>6012 Columbia A ve.,</u> |
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| 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, assthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Infarction</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>465X</u> |
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22. I hereby certify that I attended the deceased from 19, to 305P, 1954, that I last saw the deceased alive on 3/3/54, 1954, and that death occurred at 305P m., from the causes and on the date stated above.

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| 21a. SIGNATURE <u>[Signature]</u> | 21b. ADDRESS <u>1300 Clair</u> | 21c. DATE SIGNED <u>3/3/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>March 5, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>MAR 3 1954</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>6464 Chippewa St., St. Louis, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

Coroner

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 *Henry J. Schramacher*

Licensed Embalmer No. *267*

P. O. Address *7874 S. Brown*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.