

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3345

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>544</u>		Registrar's No. <u>138</u>		
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NIRKWOOD</u>		c. LENGTH OF STAY (in this place) <u>17 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NIRKWOOD 76530</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST AGNES HOME</u>				d. STREET ADDRESS (If rural, give location) <u>10341 MANCHESTER ROAD</u>				
3. NAME OF DECEASED (Type or Print) <u>IRMA</u>		a. (First)		b. (Middle) <u>DAWSON</u>		c. (Last)		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>		8. DATE OF BIRTH <u>MARCH 3, 1873</u>		
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>CHARLES VOELDIKE</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>RICHARD J. DAWSON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY McDONNELL 114 N BORE</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial infarction chronic</u> DUE TO (c) <u>arteriosclerosis general</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>5 mo. 8 d.</u> <u>estimated 10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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?				
22. I hereby certify that I attended the deceased from <u>FEB 28, 1948</u> , to <u>JAN 17, 1955</u> , that I last saw the deceased alive on <u>JAN 17, 1955</u> , and that death occurred at <u>5:55 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>CH Bockelman M.D.</u>				23b. ADDRESS <u>2615 Brentwood Blvd</u>		23c. DATE SIGNED <u>1/18/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>ENTOMBMENT</u>		24b. DATE <u>JAN 19, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE MAUSOLEUM</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS, COUNTY MO</u>		
DATE REC'D BY LOCAL REG. <u>1/19/55</u>		REGISTRAR'S SIGNATURE <u>Heber R. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STOCK MORTUARY 8895 BRENTWOOD BLVD CLAYTON</u>				

(Licensed Embalmer's Signature on Reverse Side)

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

4003
4

CLIFFORD BOCELMAN
2615 E. 14th Ave.
W02-1907
2-5

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.