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FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10605

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2445

1. PLACE OF DEATH

a. COUNTY: Missouri

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis

c. LENGTH OF STAY (In this place): 2 Yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Masonic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis

d. STREET ADDRESS (If rural, give location): 5351 Delmar

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) F. c. (Last) Dawson

4. DATE OF DEATH: (Month) 3- (Day) 6- (Year) 56

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 30, 1880

9. AGE (In years last birthday): 76 — If under 1 year: Months 1 Days 6 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (City and State or Foreign Country): Unknown

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: George Dawson

13b. MOTHER'S MAIDEN NAME: Sarah E. Dawson

14. NAME OF HUSBAND OR WIFE: Daisy A. Dawson, Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 346-14-0368A

17. INFORMANT'S SIGNATURE OR NAME: Masonic Home of Mo. ADDRESS: 5351 Delmar Blvd.

MEDICAL CERTIFICATION

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infraction — Interval between onset and death: 1ddy

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arterio Sclerosis — 20 Yrs

DUE TO (c) Tuberculosis Arested — 2 Yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: ~~4500~~ 4201A

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) m.

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* 8-1- *, 19*56*, to* 3-6- *, 19* 56*, that I last saw the deceased alive on* 3-6- *, 19*56*, and that death occurred at* 11.20A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harold E. Walters (Degree or title) M.D.

23b. ADDRESS: 3720 Washington Blvd. St. Louis 8, Mo.

23c. DATE SIGNED: 3-6-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3-9-56

24c. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REG.: MAR 8 1956

REGISTRAR'S SIGNATURE: J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Shepard Funeral Home, 1167 Hamilton Ave

(Licensed Embalmer's Statement on Reverse Side)

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

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 John J. Haines

Licensed Embalmer No. 4108

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.