

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS APR 18 1960

=60-016740

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 3818** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 9 yrs	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4206 E North Market St		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4206 E North Market St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) EUGENE DAWKINS	First Middle Last	4. DATE OF DEATH April 3 1960	Month Day Year
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5. SEX Male	6. COLOR OR RACE Col	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-27-1909	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months 0 Days 6 Hours Min. 	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kitchen Helper	10b. KIND OF BUSINESS OR INDUSTRY Sun Set Co. Club	11. BIRTHPLACE (City and state or country) Aberdeen Miss	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME Elijah Dawkins	13b. MOTHER'S MAIDEN NAME Isabella Braylock	14. NAME OF HUSBAND OR WIFE Ida Dawkins
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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) No	16. SOCIAL SECURITY NO. 425-09-3113	17. INFORMANT Address Ida Dawkins 4206 E North Market St
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary arteriosclerosis with terminal attack of occlusion		1 1/2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive cardiovascular dis.	3 yrs
	DUE TO (c) 420.1	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY. Hour _____ s.m. _____ p.m. _____	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **June 1959** to **April 3 1960** and last saw ^{when} him alive on **Mar 30 1960**
 Death occurred at **4⁰⁰** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harriet M. Grant M.D.	22b. ADDRESS 114 N Taylor Ave N. L 8	22c. DATE SIGNED 4-4-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-7-1960	23c. NAME OF CEMETERY OR CREMATORY Aberdeen	23d. LOCATION (City, town, or county) (State) Miss
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24. FUNERAL DIRECTOR JAS H. RANDLE & SON 3133 Bell Ave	25. DATE RECD. BY LOCAL REG. APR 5 1960	26. REGISTRAR'S SIGNATURE Paul Smith M.D.
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

2080

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Esther K. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Main

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.