

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024432

FILED VS. JUL 12 1960

318

Primary Registration District No. 1003

Registrar's No. 6588

STATE FILE NUMBER

NDED

|                                                                                                                                                                                                                                                                                                                                         |                                  |                                                                                                                                                             |                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                                                                                                                                                                                                                          |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY                                       |                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>St Louis</u>                                                                                                                                                                                                                                                            |                                  | c. CITY OR TOWN <u>St Louis</u>                                                                                                                             |                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>1430 Biddle St</u>                                                                                                                                                                                                                                    |                                  | d. STREET ADDRESS (If outside, give location)<br><u>1430 Biddle Street</u>                                                                                  |                                      |
| 3. NAME OF DECEASED<br>(Type or print) <u>EUGENE GENE DAWSON</u>                                                                                                                                                                                                                                                                        |                                  | 4. DATE OF DEATH<br>Month <u>6</u> Day <u>25</u> Year <u>1960</u>                                                                                           |                                      |
| 5. SEX<br><u>male</u>                                                                                                                                                                                                                                                                                                                   | 6. COLOR OR RACE<br><u>negro</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7-22-1881</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>laborer</u>                                                                                                                                                                                                                           |                                  | 11. BIRTHPLACE (City and state or country)<br><u>Scotts, Miss U.S.A</u>                                                                                     |                                      |
| 13a. FATHER'S NAME<br><u>Jim Dawson</u>                                                                                                                                                                                                                                                                                                 |                                  | 14. NAME OF HUSBAND OR WIFE<br><u>Elmer Dawson</u>                                                                                                          |                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>                                                                                                                                                                                                                |                                  | 16. SOCIAL SECURITY NO.<br><u>413-18-4898</u>                                                                                                               |                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Embolus</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Hypertensive Cardiovascular Disease</u><br>DUE TO (c) <u>443</u> |                                  | 17. INFORMANT<br><u>Elmer Dawson</u><br>Address <u>1430 Biddle</u>                                                                                          |                                      |
| 19. WAS AUTOPSY PERFORMED?<br>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.)                                                                                                                                                                                                                                            |                                  | 20c. TIME OF INJURY<br>Hour <u>6:35 P</u> Month, Day, Year <u>June 25, 60</u>                                                                               |                                      |
| 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                                                                                                                                                |                                      |
| 21. I attended the deceased from <u>May 31, 60</u> to <u>June 25, 60</u> and last saw him alive on <u>6-25-60</u> .<br>Death occurred at <u>6:35 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                             |                                  |                                                                                                                                                             |                                      |
| 22a. SIGNATURE<br><u>J.C. Sherard, M.D.</u>                                                                                                                                                                                                                                                                                             |                                  | 22b. ADDRESS<br><u>2702 A Franklin</u>                                                                                                                      |                                      |
| 22c. DATE SIGNED<br><u>6-27-60</u>                                                                                                                                                                                                                                                                                                      |                                  |                                                                                                                                                             |                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                                                                                                                              |                                  | 23b. DATE<br><u>7-2-1960</u>                                                                                                                                |                                      |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Greenwood</u>                                                                                                                                                                                                                                                                                  |                                  | 23d. LOCATION (City, town, or county)<br><u>St Louis MO</u>                                                                                                 |                                      |
| 24. FUNERAL DIRECTOR<br><u>Boyd Funeral Home</u>                                                                                                                                                                                                                                                                                        |                                  | 25. DATE REC'D. BY LOCAL REG.<br><u>JUN 28 1960</u>                                                                                                         |                                      |
| ADDRESS<br><u>3704 Finney</u>                                                                                                                                                                                                                                                                                                           |                                  | 26. REGISTRAR'S SIGNATURE<br><u>Paul Smith, M.D.</u>                                                                                                        |                                      |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Informant MEDICAL CERTIFICATION

**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 W Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 11237 Jay

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.