

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009082

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 544Registrar's No. 723

FILED MAR 8 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kirkwood

Length of stay in lb

35 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

11208 W. Big Bend

Inside Limits

Yes ☒ No ☐

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

a. STATE

Mo.

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

Kirkwood

d. STREET
ADDRESS

(If outside, give location)

11208 W. Big Bend

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

CHARLES

Middle

A

Last

DAWSON

4. DATE
OF
DEATH

Month

February

Day

28, 1962

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/29/84

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR.

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

Liggett & Meyer

11. BIRTHPLACE (City and state or country)

Whitehall, Ill.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Dawson

13b. MOTHER'S MAIDEN NAME

Elizabeth Carr

14. NAME OF HUSBAND OR WIFE

Henrietta Dawson

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.

489-10-5078

17. INFORMANT

Henrietta Dawson, 11208 W. Big Bend Rd.

Address Kirkwood, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN
ONSET AND DEATH

7 years

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Chronic bronchitis

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐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 2-27-62, to 2-28-62 and last saw her alive on 2-28-62Death occurred at 10:45 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert A. Doisy M.D.

22b. ADDRESS

126 E. Jefferson, Kirkwood, Mo

22c. DATE SIGNED

3-1-

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

3/2/62

23c. NAME OF CEMETERY OR CREMATORY

Whitehall Cemetery

23d. LOCATION (City, town, or county)

Whitehall, Ill.

(State) 62

24. FUNERAL DIRECTOR

ADDRESS

Louis H. Bopp, Inc., Kirkwood 22, Mo.

25. DATE RECD. BY LOCAL REG.

3-1-62

26. REGISTRAR'S SIGNATURE

John E. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Rob Doisy
USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Francis J. Gholson

Licensed Embalmer No. 4512

P. O. Address

Richwood, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.