

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution;
5374 N. Kingshighway /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County _____
(c) City or town **ST. LOUIS** **7** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **5374 N. Kingshighway** **9**
(If rural, give location)
(e) Citizen of foreign country? _____
(Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **HENRY DANIEL DAWES.**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWER**

6. (b) Name of husband or wife **ROSE DAWES.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. **APRIL 11 1873**
(Month) (Day) (Year)

8. AGE: Years **68** Months **4** Days **29** If less than one day hr. _____ min. _____

9. Birthplace **ALTON, ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business _____

12. Name **HENRY DAWES**

13. Birthplace **ALTON, ILL.**
(City, town, or county) (State or foreign country)

14. Maiden name **ELIZABETH UNK.**

15. Birthplace **ALTON, ILL.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Joseph Cronley**

(b) Address **5374 N. Kingshighway**

17. (a) **BURIAL** (b) Date thereof **Sept 11 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OLDS, S. PETER & PAULS**

18. (a) Signature of funeral director **E. J. Schuur**

(b) Address **3125 Kajayetta Av**

19. (a) **SEP 10 1941** **J. P. Brudick**
(Date entered local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **SEPT** day **9**
year **1941** hour **4** minutes **30** A.M.

21. I hereby certify that I attended the deceased from **Sept 5**
19 **41** to **Sept 9** 19 **41**
that I last saw him alive on **Sept 9** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Ch. Myocarditis

Due to _____

Due to _____

Other conditions **none**
(Include pregnancy within 5 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **Barbara Kelly** (M. D. or other) _____
Address **2739 N. Grand Ave** Date signed **9/10/41**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Jose B. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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.