

FILED JAN 13 1943

State File No.

11051

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(c) Name of hospital or institution: MISSOURI BAPTIST HOSPITAL  
(d) Length of stay: In hospital or institution 45 YEARS  
In this community 45 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000  
(c) City or town ST. LOUIS 17  
(d) Street No. 4432 WASHINGTON BLVD. 7  
(e) Citizen of foreign country? NO 19  
If yes, name country 0

3. (a) PRINT FULL NAME ALMA FRANCES DAWSON

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE  
(b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased FEB. 27, 1865  
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 4 If less than one day hr. min.

9. Birthplace NEW HAVEN KENTUCKY  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED MUSIC TEACHER

11. Industry or business

MOTHER FATHER  
12. Name HILARY DAWSON  
13. Birthplace KENTUCKY  
14. Maiden name VICTORIA MCGILL  
15. Birthplace KENTUCKY

16. (a) Informant MRS. ALMA AULL  
(b) Address 4432 WASHINGTON BLVD.

17. (a) BURIAL (b) Date thereof JAN. 2, 1943  
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd.

19. (a) 1-21-1943 (b) J. F. Bredeek (c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 31 year 1942 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from December 1, 1942, to Dec 31, 1942; that I last saw her alive on Dec 30, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis due to Arteriosclerosis  
Duration 2 yrs Indef

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none  
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?  
(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

23. Signature Adam Skuppa (M. D. or other) Address 4500 Olive Date signed 1/1/43

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

1-3  
May 03 00  
[Signature]

**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 W. H. Van Matre  
Licensed Embalmer No. 2825 Lafayette  
P. O. Address 4340 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.**