

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution..... St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4233a Gano Ave.
Memorial (If rural, give location)

(e) Citizen of foreign country?..... no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... THOMAS DAWE

3. (b) If veteran, name war..... None

3. (c) Social Security No. 494-01-3987

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Jan day..... 26th
year..... 1948 hour..... 1 minute..... 10 A.M.

4. Sex..... Male

5. Color of race..... White

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Caroline Age of husband or wife if alive..... 47 years

7. Birth date of deceased..... October 4, 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... 12/26/47
..... 19..... to..... Jan 26th 19..... 48
that I last saw him alive on..... Jan 26th 19..... 48
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>3</u>	<u>22</u>	hr. min.

Immediate cause of death..... Pulmonary tuberculosis (10 yrs.)

Due to.....

Due to.....

Other conditions.....
(include pregnancy within 3 months of death)

9. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... Shoe Worker

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause of which death should be charged statistically.

11. Industry or business.....

12. Name..... Michael Dawe

13. Birthplace..... St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name..... Alice Cudahy

15. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Caroline Dawe

(b) Address..... 4233a Gano Ave.

17. (a) Burial (b) Date thereof..... 1-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

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?.....
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... J. F. Bradeck Date signed..... 1-26/48
(Date received local registrar) (Registrar's signature) Address

18. (a) Signature of funeral director..... Math. Hermann & Son

(b) Address..... 2161 E. Fair Ave.

19. (a) JAN 27 1948 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

Gustav W. Ditzel

Licensed Embalmer No.

4329

P. O. Address

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