

No. 300
10.48

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21568

State File No. _____

BIRTH NO. 98126 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5381

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE <u>Missouri</u> b. COUNTY <u>MO</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>17</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>262 3319 1/2 Glenn</u> <u>7</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> | b. (Middle) | c. (Last) <u>Rawson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>20</u> <u>1949</u> |
|--|-------------|-------------------------|---|

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan. 3 - 1881</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours | Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|----------------------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Building Foreman</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>MO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>0</u> |
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| 13a. FATHER'S NAME <u>Wm. Rawson</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>late Ethel Rawson</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>NO</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General thrombosis</u> DUE TO (c) <u>Decomated General Hemip</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>122</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>5/13</u> |
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22. I hereby certify that I attended the deceased from 6-13-49 19, to 6-20-49, 19, that I last saw the deceased alive on 6-20-49, 19, and that death occurred at 3:35 Pm., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>L. H. Carson, M.D.</u> | 23b. ADDRESS <u>1515 Lafayette Avenue</u> | 23c. DATE SIGNED <u>6-21-49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6-22-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Old St. Marys</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis</u> |
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| DATE REC'D BY LOCAL REG. <u>JUN 22 1949</u> | REGISTRAR'S SIGNATURE <u>J. B. Lasater</u> | 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. B. Lasater 2223 St. Louis</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed

John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St Paul

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.