

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30335

State File No.

FILED AUG 15 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2119

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>	c. LENGTH OF STAY (In this place) <u>1 1/2 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES 4577</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>741 EUNICE AVE</u>		d. STREET ADDRESS (If rural, give location) <u>741 EUNICE AVE 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u>	b. (Middle) <u>B.</u>	c. (Last) <u>DAWSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 6 1952</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 24 1898</u>	9. AGE (In years last birthday) <u>54</u>	# UNDER 1 YEAR Months Days	# 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>HOUSE HOLD EDITOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>POST-DISPATCH</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOS. BROERMANN</u>	13b. MOTHER'S MAIDEN NAME <u>THERESA RIECHENBERGER</u>	14. NAME OF HUSBAND OR WIFE <u>THOMAS E. DAWSON</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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>490-01-1760</u>	17. INFORMANT'S SIGNATURE OR NAME <u>THERESE F. DAWSON</u>	ADDRESS <u>741 EUNICE AVE</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Atrial Thrombosis</u> <u>410X</u>		<u>2 yrs</u>
	DUE TO (c) <u>Mitral Stenosis & fibrillation</u>		<u>30 yrs</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Chr. Pulmonary congestion (cardiac)</u>			<u>10 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 1942, 19 , to Aug 6, 1952, that I last saw the deceased alive on Aug 6, 1952, and that death occurred at 6:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul Kingsley Webb MD</u>	23b. ADDRESS <u>721 Olive St. St. Louis Mo</u>	23c. DATE SIGNED <u>8-6-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG 9 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>
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DATE REC'D BY LOCAL REG. <u>8-8-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MITTELBERG FUNERAL HOME</u>	ADDRESS <u>73 W. LOCKWOOD AVE WEB. GRO. MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

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 J. Haines

Licensed Embalmer No. *4108*

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.