

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

20287

**1. PLACE OF DEATH**

County.....  
Township.....  
City *St. Louis* (No. *Mo. Baptist Hospital*)

Registration District No. **791**  
Primary Registration District No. **1003**

File No.....  
Registered No. **5971** St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. *4337 Olive* St., *19* Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Annette Hawkins*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 14, 1900*

7. AGE	YEARS	MONTHS	DAYS	if LESS than 1 day, .....hrs. or .....min.
<i>28</i>	<i>9</i>	<i>16</i>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. *Credit Man*

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer. *Universal Finance Co.*

9. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY) *Mo.*

10. NAME OF FATHER *Clarence Hawkins*

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
(STATE OR COUNTRY) *Mo.*

12. MAIDEN NAME OF MOTHER *Cora May Wise*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
(STATE OR COUNTRY) *Mo.*

14. INFORMANT *Edwin Misking*  
(Address) *537 N. Market St. St. Louis*

15. FILED **MAY 31 1929** REGISTAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 30 1929*

17. I HEREBY CERTIFY, That I attended deceased from *May 23* to *May 30* 19*29* that I last saw him alive on *May 30* 19*29* that death occurred, on the date stated above, at *5:45 A.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Perforated Gastric Ulcer*

*III/III* (duration) *12 1/2* yrs. mos. ds. *12 1/2* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Pericarditis, Scurvy*

*Secondary Pneumonia* (duration) yrs. mos. ds. *6* ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *May 30-29*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *P. G. Beresche*, M. D.

*May 31, 1929* (Address) *666 Bevelton Bldg. St. Louis*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

*Lake Charles Cem.* *June 1, 1929*

20. UNDERTAKER

ADDRESS

*Dubmann & Paul* *1905 Union*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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2  
2

Continued Body  
for 0725  
1-3