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.

APR 30 1930

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

Do not use this space.

10198

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No.
Township Central — Primary Registration District No. 62488 — Registered No. 70
City Richmond Heights 7254 Delta St. Ward)

2. FULL NAME Creed A. Hawkins
(a) Residence. No. 7254 Delta St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Hawkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 26 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	62	2	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Feed Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

PARENTS
10. NAME OF FATHER Martin Hawkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Celia Anderson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Josephine Hawkins
(Address) 7254 Delta St

15. FILED 4/2 1930 C L Juan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-31 1930

17. I HEREBY CERTIFY, That I attended deceased from —, 1928, to 3/31, 1930 that I last saw him alive on 3/30 1930, and that death occurred, on the date stated above, at 4:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia
(Hypertension)
(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
Angina Pectoris
(duration) 3 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Arthur E. Strauss M. D.
3/31, 1930 (Address) Univ. Club Bldg.

*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
St Peter & Paul Cem	4/2 1930

20. UNDERTAKER	ADDRESS
Coghan Und Co. 7146	Manchester

Dr. A E Strauss
Univ Cl, Bldg