

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

Do not use this space.

14296

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 2223, Benton Terrace) St. .... Ward.....

File No.....  
Registered No. 3632

**2. FULL NAME**

Infant (Hawkins) Hawkins  
(a) Residence, No. 2223 Benton Terrace St. 4 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-13-32  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1 hrs. or 30 min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Infant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

13. NAME Lee (Hawkins)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Maudie Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Lee Hawkins  
(ADDRESS) 2223 Benton Terrace

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Clair Mo. DATE 4-14-32

19. UNDERTAKER Knee Chauger  
(ADDRESS) 4104 Manchester

20. FILED 1932  
MAY 24 1932  
W. C. Starnes Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13-1932

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932 to April 13, 1932  
I last saw him alive on April 13, 1932. Death is said to have occurred on the date stated above, at 8:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Menstrual Bleed 5 mg. gestin Date of onset  
15  
Other contributory causes of importance:  
15

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ✓ Date of injury....., 19.....  
Where did injury occur?.....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) Meades Butts, M.D.  
(Address) 426.6.9 Manchester

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.

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

