

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

Do not use this space.

14519

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 5002
 City St. Louis (No. ISOLATION HOSPITAL) St. Ward) 23

File No.
 Registered No. 3905

2. FULL NAME William Hawdehall

(a) Residence, No. 1519 S. 11th St. St. 23 Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 20 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. oil

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 Missouri

13. NAME William Hawdehall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown MI

15. MAIDEN NAME Betty Brown

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

17. INFORMANT Leona Burne (ADDRESS) ISOLATION HOSPITAL

18. BURIAL, CREMATION OR REMOVAL PLACE Alvin Ave DATE April 21 1932

19. UNDERTAKER (ADDRESS) Funder and Co 7819 Michigan Ave

20. FILED 1932 Registrar W. H. Estarkey

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1932

22. I HEREBY CERTIFY, That I attended deceased from April 16 1932 to April 20 1932
 I last saw him alive on April 20 1932. Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

Dyspnea Meningitis 4-11

Other contributory causes of importance: IB 11B 155A

Name of operation Laminectomy Date of 4-19

What test confirmed diagnosis acid catheter Was there an autopsy? No

23. If death was due to external causes (violence, or injury, or poisoning: Accident, suicide, or homicide) Date of injury 19

Where did injury occur IB (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 John Eschenbrenner (Signed) John Eschenbrenner, M. D.

(Address) ISOLATION HOSPITAL

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

MARGIN RESERVED FOR BINDING

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.

