

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

Do not use this space.

27644

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. City Hospital)  
8158

File No. ....  
Registered No. 7462  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 3719 Olive 19... Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25-1932  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4 20  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil  
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) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Ward Hawkins  
14. BIRTHPLACE (CITY OR TOWN) Ala (STATE OR COUNTRY) 2

15. MAIDEN NAME Pauline Phillips

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

17. INFORMANT (ADDRESS) Hospital at 2039 Washington St. City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Aug 15 1932

19. UNDERTAKER (ADDRESS) Donnelly Undertaking Co. 2039 Washington St.

20. FILED: 15 1932 19 Ward Hawkins Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 15 1932  
22. I HEREBY CERTIFY, That I attended deceased from Aug, 13 1932 to Aug, 15 1932  
I last saw him alive on Aug, 15 1932 Death is said to have occurred on the date stated above, at 4:50 a. m.  
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia (Primary) Aug 7  
119 119  
107A  
Other contributory causes of importance: Gastro-enteritis (Secondary)

Name of operation..... Date of.....  
What test confirmed diagnosis? XRAY Was there an autopsy? No

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) J. Rodgers M. D. M. D.  
City Hospital (Address)

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.

