

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

Do not use this space.

**24333**

**1. PLACE OF DEATH**

96 County St. Louis Co. Registration District No. 710  
 2 Township Central Primary Registration District No. 6233  
 City Clayton (No. St. Louis Co. Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

(a) Residence, No. 6223 S. Rosedale St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| 3. SEX<br><u>Male</u>   |   | 4. COLOR OR RACE<br><u>Colored</u> |   | 5. <del>Single</del> MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>married</u> |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Scott Hawkins</u>    |   |                                    |   |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12th JAN. 1-1872</u>                         |   |                                    |   |  |  |
| 7. AGE  | YEARS<br><u>61</u>  | MONTHS<br><u>2</u>                 | DAYS<br><u>3</u>                                | If LESS than 1 day, _____ hrs. or _____ min.   |  |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.         |                                    |   |  |  |
|   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u> |                                    |   |  |  |
|   | 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) <u>St. Charles Mo.</u>                 |   |                                    |   |  |  |
| FATHER  | 13. NAME <u>James Alexander</u>   |                                    |   |  |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>                                     |                                    |   |  |  |
|   | 15. MAIDEN NAME <u>Unknown</u>  |                                    |   |  |  |
| MOTHER  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>                                     |                                    |   |  |  |
|   | 17. INFORMANT <u>Scott Hawkins</u><br>(ADDRESS) <u>Summit ave</u>                                   |                                    |   |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>7/8</u> , 19 <u>33</u> |   |                                    |   |  |  |
| 19. UNDERTAKER (ADDRESS) <u>Theop. Perkins</u><br><u>3307 Lucas ave</u>                 |   |                                    |   |  |  |
| 20. FILED <u>July 7</u> , 19 <u>33</u> <u>R. W. Sullivan</u><br>Registrar.              |   |                                    |   |  |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1933, to July 3, 1933.  
 I last saw him alive on July 13, 1933. Death is said to have occurred on the date stated above, at 9:15 AM.  
 The principal cause of death and related causes of importance were as follows:  
Degenerative Heart Disease Nov. 1932  
930  
930  
 Other contributory causes of importance \_\_\_\_\_

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) T. B. Weber, M. D.  
 (Address) St. Louis Co. Hosp

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 out of 2 egg  

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