DEC 13 1934

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

Do not use this space.

791
1003
41077

File No.
Registered No. 110276

1. PLACE OF DEATH

County
Township
City St. Louis (No. 8158 Kingsbury Place St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Robert Edgar Hawkins

(a) Residence, No. 6632 Pershing St., Ward 3
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 1 1879

7. AGE: Years 55 | Months 3 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Meat Market
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.

FATHER

13. NAME: Lewis Hawkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Unknown Pegler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Mrs. Ida Hawkins (City Hospital)

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla Crematory DATE: Nov 19, 1934

19. UNDERTAKER: Edith E. Limbrunner
(ADDRESS) 4234 Manchester Ave.

20. FILED: Nov 19 1934, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/13, 1934, to 11/17, 1934
I last saw him alive on 11/17, 1934. Death is said to have occurred on the date stated above, at 4:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
23A.	
Pul tuberculosis	
7	
8	

Other contributory causes of importance:

Laryngeal tuberculosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) R. Kelly, M. D.
(Address) City Hospital

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.