

APR 29 1935

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. **1003**
Township _____ Primary Registration District No. _____
City **St. Louis** (No. **City 2044**)

File No. **14305**
Registered No. **3122**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **2646 Park 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 **50** yrs. mos. 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 **Beignard**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 20 - 1895**

7. AGE YEARS **39** MONTHS **8** DAYS **13** If LESS than 1 day, hrs. or min.

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

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) **Missouri**

13. NAME **John Hawkins**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MO.**

15. MAIDEN NAME **cook**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MO.**

17. INFORMANT **Wm J. Hayes** (ADDRESS) **City 2044**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Home** DATE **April 6 1935**

19. UNDERTAKER **J. Schorn** (ADDRESS) **3015 Lafayette**

20. FILED **5 1935** Registrar **J. B. Beck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/3 1935**

22. I HEREBY CERTIFY, That I attended deceased from **3/25 1935** to **4/3 1935**

I last saw **him** alive on **4/3 1935** Death is said to have occurred on the date stated above, at **9:30** m.

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

Hypertension, Cardio Vascular Disease Date of onset _____

Other contributory causes of importance: **95%**

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) **Wm J. Hayes** M. D.

(Address) **City 2044**

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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2/14/54