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.

100M-11-24-33

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

JUL 12 1935

Do not use this space.

21028

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo. (No. 3966 West Minister Pl. St. ..... Ward)

File No. .....

Registered No. 4934

2. FULL NAME Katherine Crane Hawes.

(a) Residence, No. 3966 West Minister St., 19 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 1855

7. AGE: YEARS 79 | MONTHS 6 | DAYS 20 ~~14~~ | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Kirkwood Mo

FATHER

13. NAME unk. Crane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

MOTHER

15. MAIDEN NAME unk. Kyle

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

17. INFORMANT (ADDRESS) L. B. Woodward. 6243 West Minister Pl.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine DATE June 6 1935

19. UNDERTAKER (ADDRESS) A. Kron L & U Co. 2707 No Grand Bl.

20. FILED JUN -5 1935 J. F. Baideck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1935, to June 4, 1935

I last saw her alive on June 4, 1935. Death is said to have occurred on the date stated above, at 3:25 p.m.

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

	Date of onset
Cerebral hemorrhage - apoplexy	June 4
General arteriosclerosis	years
Chronic myocarditis	years

Other contributory causes of importance: 93C

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) Walter Fischel, M. D.

(Address) 3720 Washington