

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **3504 Pennsylvania Ave.**)

File No. **18382**
 Registered No. **4958**
 St. _____ Ward _____

2. FULL NAME **Pauline Hawksley**

(a) Residence, No. **3504 Pennsylvania Ave.** **24** 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pauline Hawksley		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12th, 1867.		
7. AGE YEARS 69	MONTHS 9	DAYS 3
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 15th, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 1st**, 1935, to **May 15th**, 1937
 I last saw him alive on **May 15th**, 1937. Death is said to have occurred on the date stated above, at **11:10 a.m.**
 The principal cause of death and related causes of importance were as follows:
Mitral Regurgitation 15y
Chronic Myocarditis 1y
Large ovarian Cyst - 20y (Benign)

Other contributory causes of importance:
None

Name of operation **None** Date of _____
 What test confirmed diagnosis **Physognomy** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **No** 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? **No**
 If so, specify **Joseph Davile, M.D.** (Signed) **653 Century Bldg** (Address)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

13. NAME **Joseph Cook**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Robert H. Hawksley** (ADDRESS) **3504 Pennsylvania Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S. S. Peter-Paul** DATE **May, 18 - 1937**

19. UNDERTAKER **Wacker-Helderle** (ADDRESS) **2331 S. Broadway**

20. FILED **MAY 17 1937** **J. A. Predeck** Registrar

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.

899
1
16
10

