

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-22-36
I X9314

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.

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

Do not use this space.

JUL 8 - 1937

791
1008

22525

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.....
Primary Registration District No.....
No. *City Hospital # 1*

File No.....
Registered No. **6277**
St. Ward)

2. FULL NAME

Chas. Hawer (818)
(a) Residence, No. *6180 Pershing* St. *5* Ward.

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown*
7. AGE YEARS *69* MONTHS *✓* DAYS *✓* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year) *None* 11. Total time (years) spent in this occupation *None*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*
13. NAME *Unknown*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*
15. MAIDEN NAME *Unknown*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *City Hospital # 1* (ADDRESS) *Impaled by Rent*
18. BURIAL, CREMATION, OR REMOVAL PLACE *St Louis* DATE *6-15* 1937
19. UNDERTAKER (ADDRESS) *W. G. Richter - 5015 Rutledge*
20. FILED **JUN 28 1937** *J. A. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

No. Physician in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/29 1937*

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at *7:20* m.

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

Fracture of Skull Subdural Hemorrhage of Brain
Suffered when he fell and struck his head on a concrete drain Basin

Other contributory causes of importance:
the basement of 6180 Pershing Ave on May-29th 1937 at about 9:15 A.M.

Name of operation *Accident* Date of *Yes*
What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: *Accident* Date of injury *5/29 1937*
Where did injury occur? *St Louis Mo*
Specify whether injury occurred in industry, in home, or in public place. *Home*
Manner of injury *See above*
Nature of injury *See above*

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify (Signed) *Joseph M. Zeman* (Address) *Deputy Coroner*

