

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

36350

Do not use this space.

NOV 15 1937

791

1003

9927

1. PLACE OF DEATH

(a) County Registration District No. 1

(b) Township Primary Registration District No. 1003

(c) City St. Louis (d) Street No. Deaconess Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Gloria M.M. Hawkins

(a) Residence, No. 1525 St. Vincent Ave. St. LA St. Louis County, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
11 5 16

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as saw mill, bank, etc. McKinley

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 County, Missouri

FATHER

13. NAME Frank Hawkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER

15. MAIDEN NAME Charlotte Finkler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT Mrs. Charlotte Hawkins
(ADDRESS) 1525 St. Vincent Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zions Cemetery DATE October 28, 1937

19. FUNERAL DIRECTOR Geo. L. Plutich Inc.
(ADDRESS) 5966 Eastern Ave.

20. F OCT 26 1937
Local Registrar J. Bredock

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 9 30, 1937, to Oct 25, 1937
I last saw h. alive on Oct 25, 1937. Death is said to have occurred on the date stated above, at 5:50 P.M.
The principal cause of death and related causes of importance were as follows:
Peritonitis
Gangrenous appendicitis ruptured
Appendectomy
Date of 10/25/37
What test confirmed diagnosis? Cholera Was there an autopsy? No

Other contributory causes of importance:

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? No
Also, specify Harry H. Meyer, M. D.
(Signed) H. H. Meyer
(Address) 40903 Delmar

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.

STATEMENT BY LICENSED EMBALMER

I, Harold L. Ponder, Licensed Embalmer No. 3367

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Harold L. Ponder

Licensed Embalmer No. 3367

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)