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.

DEC 13 1937

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

Do not use this space.

39242

File No.

Registered No. 10229

791

10DB

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. Isolation Hospital St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Jean Hawkins

(a) Residence, No. 2902 Bartold, Maplewood, Mo. Ward. NR (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1931

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
5	10	11	

OCCUPATION

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

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) St. Louis, Mo.

FATHER

13. NAME Leo P. Hawkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair, Mo.

MOTHER

15. MAIDEN NAME Mary O'Shea

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

17. INFORMANT A. Lane
(ADDRESS) 5600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Peter + Paul DATE 11/4/37 19

19. UNDERTAKER Elliott & Cambiquates
(ADDRESS) 4324 Manchester

20. FILED DEC 8 1937 J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1937, to Nov. 1, 1937

I last saw h.e.r. alive on Nov. 1, 1937. Death is said to have occurred on the date stated above, at 11 to 2 m.

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

	Date of onset
Scarlet Fever	10-28-37

Other contributory causes of importance:

Name of operation Nona. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Jimmy P. Wheat, M. D.

(Address) 5600 Arsenal