

REC'D FEB 10 1939

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

133  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... / Registration District No..... 791  
(b) Township..... Primary Registration District No..... 1003  
(c) City St. Louis, Mo. / (d) Street No. St. John's 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Frank J. Hawkins

(a) Residence, No. 3543a Humphrey St. 16 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ethel Hawkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 25, 1873</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>4</u>
	DAYS <u>6</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Owner</u>	11. Total time (years) spent in this occupation.....
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Restaurant</u>	
	10. Date deceased last worked at this occupation (month and year).....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
FATHER	13. NAME <u>Antoine Hawkins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
MOTHER	15. MAIDEN NAME <u>Caroline Morancy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La.</u>	
17. INFORMANT <u>A. J. Norcom</u> (ADDRESS) <u>457 Ridge, Webster Groves, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Versailles Ky.</u> DATE <u>1/2/39</u> 19..		
19. FUNERAL DIRECTOR (NAME) <u>Edith E. Ambruster</u> (ADDRESS) <u>4234 Manchester</u>		
20. FILED <u>JAN 4 1939</u> <u>J. D. Bredick</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/1/39 19..

22. I HEREBY CERTIFY, That I attended deceased from July 1935, to Jan 1, 1938, I last saw him alive on Dec 31, 1938. Death is said to have occurred on the date stated above, at 8:00 A.M.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of prostate gland Date of onset 1935  
Generalized metastasis of Ca.  
Other contributory causes of importance:  
Transurethral resection Date of 3-9-1933  
Name of operation Transurethral resection Date of 3-9-1933  
What test confirmed diagnosis? Biopsy 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? No.  
If so, specify  
(Signed) Louis Kappel, M. D.  
(Address) 609 Humboldt Bldg.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Florenz Eynack* .....  
Licensed Embalmer No. *1284* .....  
P. O. Address *St. Louis, Mo.* .....

**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.)**

**If this body is not embalmed, above space should be left blank.**