DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 606

Registration District No. 791 1009

Primary Registration District No.

Registrar's No. 606

1. PLACE OF DEATH:

(a) County 1940 FEB 17 1940

(b) City or town ST. LOUIS.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4938 THEODORE AVE. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)

In this community 10 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS - 7
(If outside city or town limits, write "RURAL")

(d) Street No. 4938 THEODORE AVE.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME CHARLES J. HAWK. 200

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MAUD EBLING HAWK

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased JANUARY (Month) 18 (Day) 1882 (Year)

8. AGE: Years 58 | Months 0 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace MAUCH CHUNK (City, town, or county) PENNSYLVANIA (State or foreign country)

10. Usual occupation BARBER 1

11. Industry or business —

FATHER
12. Name JACOB HAWK 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 6

MOTHER
14. Maiden name ELSIE (UNKNOWN)
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Maud Ebling Hawk
(b) Address 4938 Theodore Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22. 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wm. M. Schumacher
(b) Address 4834 Natural Bridge

19. (a) JAN 22 1940 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 19 year 1940 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from JAN 8 - 1940, 19__, to JAN 12, 1940 that I last saw by M alive on JAN 12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY THROMBOSIS	12 HRS
Due to ANGINA PECTORIS	3 MO
Due to MYOCARDITIS	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Harry K. Eckerhoff (M. D. or other) 1
Address 3739 N. Grand Date signed 1-12-40

(Licensed Embalmer's Statement on Reverse Side)

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 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.....

Licensed Embalmer No. 3880

P. O. Address.....

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

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