

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2870

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Clyde Hawley

3. (b) If veteran, name war _____ 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Mueller 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 22 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 6 4 _____ hr. _____ min.

9. Birthplace Vernon Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business _____

MOTHER FATHER { 12. Name Sylvester Hawley g
18. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown g
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Evelyn Hawley
(b) Address Breese, Ill.

17. (a) Removal (b) Date thereof 3-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Breese, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) MAR 27 1940 J. F. [Signature]
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
(c) City or town Breese NR
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 26
year 1940 hour 1 minute 38 A.M.

21. I hereby certify that I attended the deceased from Mar 20
1940 to Mar 26, 1940

that I last saw him alive on Mar 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Asthma
Myocarditis Chr.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Chas. W. Miller (M. D. or other) _____
Address 408 Humboldt Bldg. Date signed 3-27-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

J. G. Sullivan

Licensed Embalmer No.....

1122

P. O. Address.....

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.