

No. 2
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17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17255

State File No.

JUN 15 1940
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4733

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: City Hospital #1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limit, write "RURAL")
(d) Street No. 2727a Lafayette Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 28
year 1940 hour 1745 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis
Due to Impairment of Heart
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 948
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) _____ (Specify means of injury)
23. Signature Albert H. Hoppe (M. D. or other) _____
Address 4700 Washington Ave. Date signed 5/29/40

3. (a) PRINT FULL NAME Riley Hawkins 252
3. (b) If veteran, name war No. 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Ellen 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Sept. 23 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 8 5 hr. _____ min.

9. Birthplace Dixon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

MOTHER FATHER { 12. Name William Hawkins

13. Birthplace S. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Linda Duncan

15. Birthplace Rolla Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Hawkins

(b) Address 2727a Lafayette Ave.

17. (a) Removal (b) Date thereof 5-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meta, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) MAY 20 1940 (b) J. J. Back
(Declassified and approved for release) (Date of registration) (Signature)

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.