

Registration District No. **7911**

Primary Registration District No. _____

Registrar's No. **10724**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Days
(Specify whether years, months or days)
 In this community Unknown

3. (a) PRINT FULL NAME Joseph Hawley
 3. (b) If veteran, name war Unknown
 3. (c) Social Security No. Unknown

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Unknown
 6. (b) Name of husband or wife Unknown
 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 70? Months _____ Days _____
 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Unknown

11. Industry or business Unknown

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

16. (a) Informant Ann Morrison
 (b) Address St. Louis City Hospital #1.

17. (a) _____ (b) Date thereof 12-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutyn

19. (a) **DEC 27 1940** (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL") 25
 (d) Street No. 221a So. Broadway
(If rural, give location)
 (e) If foreign born, how long in U. S. A? Unknown years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6,
 year 1940 hour 4:30 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from December
2, 1940 to December 6, 1940;
 that I last saw him alive on December 6, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage Duration 4 days
 Due to Essential Hypertension 5 yrs.
 Due to Generalized Arteriosclerosis 10 yrs.

Other conditions None
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy none
 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? _____

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

23. Signature Rogell Howell (M. D. or other) _____
 Address 1515 Lafayette Ave. Date signed 12/7/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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