V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12688

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3498

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4730 Delmar
(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 000
(c) City or town St. Louis 12 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4730 Delmar 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William D. Hawkins

3. (b) If veteran, name war World War

3. (c) Social Security No. 493-10-9409

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Thelma

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased May (Month) 17 (Day) 1888 (Year)

8. AGE: Years 53 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Saleman Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Motorman

11. Industry or business

FATHER
12. Name Elbert Hawkins
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Jane Anderson
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma Hawkins
(b) Address 4730 Delmar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Mo

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

19. (a) APR 19 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1942 hour 5 minute 45 P.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 — Duration
Left Coronary Occlusion
Due to 94 a
Due to 94 b
Other conditions 94
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pending

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 3

23. Signature Thomas F Callanan (M.D. or other)
Address Deputy Coroner Date signed 4/19/42

(Licensed Embalmer's Statement on Reverse Side)

JAN 3 1949

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 Wilford G. Brinley

Licensed Embalmer No. 4202

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, fact should be so stated above.