No. 2
1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18981

FILED JUN 1 1942

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1131

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 7/25/41. (Specify whether In this community since 7/25/41. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County

(c) City or town Woodriver (If outside city or town limits, write "RURAL")

(d) Street No. 165 Jennings Street (If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Jacob T. Hawk

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

3. (c) Social Security No. 490-01-8441

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife -

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

7. Birth date of deceased June (Month) 7, (Day) 1892 (Year)

8. AGE: Years 49 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation Laboratory Work

11. Industry or business -

FATHER
12. Name Alfred Hawk
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Emma Niedenhamer
15. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Alice Schwaggs

(b) Address Actg. Cl. Clerk, VAF, Jeff. Bk., Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof MAY 24-42 (Month) (Day) (Year)

(c) Place: burial or cremation ALTON, ILLINOIS

18. (a) Signature of funeral director Hoffmeister N. L. C.

(b) Address 7814 S. Broadway

19. (a) MAY 23 1942 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd, year 1942 hour 9:55 minute P. M.

21. I hereby certify that I attended the deceased from July 25, 1941, to May 22, 1942 that I last saw him alive on May 22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary arteriosclerotic heart disease, cardiac enlargement,	
Due to myocardial damage and myocardial insufficiency.	Unknown
Due to -	
Other conditions - (Include pregnancy within 3 months of death)	

Major findings:
Of operations -
Of autopsy Autopsy not granted.

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) no

(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? Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer. Date signed 5/23/42

(Licensed Embalmer's Statement on Reverse Side)

JUN 17 19

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 Louis C. Haffenreffer

Licensed Embalmer No. 3821

P. O. Address 7814 S. Broadway

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.