

FILED APR 23 1943 219

Registration District No. **219** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**

(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:
4364 Evans Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **About 20 minute**
(Specify whether)

In this community **Life time**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **St. Louis, Mo.** (b) County **000**

(c) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **4364 Evans Ave.**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Helen Morton Hawkins**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **490-22-7213**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **8th**
year **1943** hour **9:50** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex **Female** 5. Color or race **Colored**

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

6. (b) Name of husband or wife **David Hawkins**

6. (c) Age of husband or wife if alive **24** years

7. Birth date of deceased **March 19, 1912**
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years **31** Months **0** Days **19**
If less than one day hr. _____ min.

Acute Meningitis (Meningococcus)

Due to _____

Due to _____

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

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

10. Usual occupation _____

11. Industry or business _____

12. Name **Joseph Morton**

13. Birthplace **Ky.**
(City, town, or county) (State or foreign country)

14. Maiden name **Madeline Kelly**

15. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **4364 Evans Ave.**

(b) Address **Burial**

17. (a) **Burial** (b) Date thereof **April 12, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **A. L. Beal Und Co.**

(b) Address **2726 Lucas Ave.**

19. (a) **APR 12 1943** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

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)

Means of injury _____

23. Signature **Alfred J. Green** (M.D. or other) _____
Address _____ Date signed **4/12/43**

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 Arthur L. Halliard

Licensed Embalmer No. 42221

P. O. Address 429 E. Garfield

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.