

FILED MAY 31 1944

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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

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:
Homer G. Phillips Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 099 17
(c) City or town..... St. Louis 911
(If outside city or town limits, write "RURAL")
(d) Street No. 3685 Cook Ave.
(If rural, give location)
(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Josephine Hawkins
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 21
year 43 hour 1 minute 30 p. M.
21. I hereby certify that I attended the deceased from 3-16
....., 1943 to 3-21, 1943
that I last saw h. er. alive on 3-21-, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced..... 0
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased 3 16 43
(Month) (Day) (Year)

Immediate cause of death.....
Prematurity
Due to Unknown
Due to Unknown
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

8. AGE: Years Months Days If less than one day
18 5 hr. min.
9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

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)..... (e) Means of injury 0

10. Usual occupation.....
11. Industry or business.....
12. Name Lee Willard Hawkins
13. Birthplace Brownsville Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Elzora Ellen Brunfield
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Arthur Mays Sherard, A.R.
(b) Address 2601 N. Whittier Street
17. (a) Burial (b) Date thereof APR 29 1944
(Burial, cremation, or removal) (City or town) (County) (State) (Year)
(c) Place: burial or cremation CITY CEMETERY
18. (a) Signature of funeral director H. Messersmith
(b) Address 44 Mississippi
19. (a) APR 29 1944 (b) J. Bredek
(Date received) (Registrar's signature)

23. Signature Ed. Dickson (M. D. or other).....
Address 2601 N. Whittier St. Date signed 4-29-44

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.