

FILED JUN 3 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4917

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 411 DeBaliviere
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarence Hawkins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Nettie Hawkins 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Apr 13 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Janitor

11. Industry or business _____

MOTHER FATHER { 12. Name Albert Hawkins
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Nettie Hawkins
(b) Address 2418 Pendleton

17. (a) Burial (b) Date thereof May 28, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Wade Ind. Co.
(b) Address 4202 E. Finney Ave.

19. (a) MAY 28 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22,
year 1943 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from May 12,
1943 to May 22, 1943
that I last saw him in alive on May 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Rt. Inguinal Hernia
Hernioplasty
Due to _____
Duration Unk.
12 mos.
two days

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

Major findings: Of operations _____
Of autopsy _____
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) (e) Means of injury _____

23. Signature C. R. Merry (M. D. or other) _____
Address above Date signed 5/27/48

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. 2698

P. O. Address 2769 Chamberlain

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.