V. S. No. 2
00M—2-43
5-17-39
I. X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19670

Registration District No. 318 — Primary Registration District No. 1005 — Registrar's No. 6001

FILED JUL 1 9 1943

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: Residence; 5215 Enright Ave. (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: 000 17

(a) State Missouri (b) County

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

(d) Street No. 5215 Enright Ave., (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME William Harry Hawken.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 6th (Day) 1867 (Year)

8. AGE: Years 75 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Percy, (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Retired, Salesman (silk Dpt)

11. Industry or business Stix-Baer & Fuller Co.

FATHER
12. Name Jacob Hawken.
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Emily Thompson.
15. Birthplace Preston, (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Kate A. Stroh.

(b) Address 5215 Enright Ave.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-2-43 (Month) (Day) (Year)

(c) Place: burial or cremation Steeleville, Ill.

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address 7233 Delmar, Blvd.,

19. (a) JUL 1 1943 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

JUL 1 1943 844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th year 1943 hour 6:20 minute P. M.

21. I hereby certify that I attended the deceased from June, 1940, to June 29, 1943 that I last saw him alive on June 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

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

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature [signature] (M. D. or other)

Address 539 N Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Leo A. Will.
539 No. Grand Ave.,
JE-9727
12-1 (only)

I009

I009

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 Bradford A. Miles

Licensed Embalmer No. 2801

P. O. Address University City

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.