

FILED AUG 7 1943 318

1003

Registrar's No. 6874

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Dr. Notley William Hawkins

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 Married

6. (b) Name of husband or wife Ruth Hawkins 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased March 16 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 4 12 _____ hr. _____ min.

9. Birthplace Shelbina Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business _____

MOTHER FATHER { 12. Name James H. Hawkins
13. Birthplace Monroe County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ella Davis Rash
15. Birthplace Monroe County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Hawkins
(b) Address Farmington, Missouri.

17. (a) Burial (b) Date thereof 7/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) J. F. Priddy (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1943 hour 7:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 23, 1943, to July 28, 1943, that I last saw him alive on July 28, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Increased intracranial pressure Duration 3 days

Due to Brain tumor (inoperable?)

Due to Not known
Other conditions any malignancy
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Brain tumor
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 Gordon F. M. ... (M. D. or other)
Address BARNES HOSPITAL Date signed _____

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

OCT 1 1946

MAY 29 1944

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..... *G. W. Wilkison*
Licensed Embalmer No..... *3575*

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.