

FILED APR 6 1944
Registration District No. 6 1944

318
Primary Registration District No. _____

1003

Registrar's No. 2953

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

1. PLACE OF DEATH:
(a) County Missouri
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint Louis Maternity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days 11-3/4 Hrs.
In this community 6 Days 11 3/4 Hrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 50
(c) City or town Festus (If outside city or town limits, write "RURAL") 3
(d) Street No. 642 West Main
(If rural, give location) NR
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant Female Hankins
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 4th
year 1944 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb. 26, 1944, to Mar. 4, 1944
that I last saw her alive on Mar. 4, 1944,
and that death occurred on the date and hour stated above.

4. Sex Female 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 February 26, 1944
(Month) (Day) (Year)

Immediate cause of death:
Infarct of the brain
Patent foramen ovale
Due to _____
Due to _____
Other conditions Mongolism
(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months _____ Days _____ If less than one day 6 11 3/4 Hrs. min.

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

10. Usual occupation _____
11. Industry or business _____
12. Name Kenneth C. Hankins
13. Birthplace Liberty, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Adelyn Brooks
15. Birthplace Festus, Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy As above.

16. (a) Informant St. Louis Maternity Hospital
(b) Address 630 S. Kingshighway Blvd.
17. Cremation Date thereof MAR 30 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington University
18. (a) Signature of funeral director White
(b) Address 3500 Rutger
19. (a) MAR 29 1944 J. O. Budick
(Date received local registry) (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)
(e) Means of injury _____
23. Signature W. H. Hagan (M. D. or other) M.D.
Address 630 S. Kingshighway Date signed 3/11/44

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.