

FILED NOV 15 1944

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2808 Semple 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)

3. (a) PRINT FULL NAME George David Hawthorne

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Hawthorne 6. (c) Age of husband or wife if alive 65 yrs

7. Birth date of deceased July 12 1870
(Month) (Day) (Year)

8. AGE: 69 Years Months 3 Days 23 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman (Retired)

11. Industry or business St. Louis Fire Department

MOTHER FATHER { 12. Name J. D. Hawthorne

{ 13. Birthplace Unknown
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Hawthorne

(b) Address 2808 Semple Ave.

17. (a) Burial (b) Date thereof 11-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) NOV 6 1944 (b) J. F. Buseck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 96

(d) Street No. 2808 Semple Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1944 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3 May 1943 to Nov 5 1944
that I last saw him alive on Nov 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Atherosclerosis
& Myocardial infarction

Duration Indefinite

Due to _____

Due to 97

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

Major findings:
Of operations none

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?~~

(Specify type of place)

23. Signature Harriet A. Meyer (M. D. or other) 0
Address 4903 Delmar Date signed 11/6/44

Dr. Harry Meyer
Roosevelt Hotel
10 to 12

(Fo. 2000)

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

Albert A. Thompson

Licensed Embalmer No. 42 37

P. O. Address St. Louis

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.