

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 22 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35954

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9567

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: HOMER G. PHILLIPS 11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 HOURS
(Specify whether years, months or days)
In this community 6 MONTHS 18 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4205 Evans
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME BERTA JEAN HAWKINS

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

4. Sex FEMALE Color or race NEGRE
6. (a) Single, widowed, married, divorced — 0

6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive 19 years (Day) (Year)

7. Birth date of deceased 4 (Month) 29 (Day) 1944 (Year)

8. AGE: Years Months Days If less than one day
6 9 — hr. — min.

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

10. Usual occupation —

11. Industry or business —

MOTHER FATHER { 12. Name JOHN HAWKINS
13. Birthplace KANSEL MISS (City, town, or county) (State or foreign country)
14. Maiden name ERNESTINE JONES
15. Birthplace DILQUINE ILL. (City, town, or county) (State or foreign country)

16. (a) Informant ERNESTINE HAWKINS
(b) Address 4205 EVANS

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

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Wm. Pabrette
(b) Address 2834 Cambridge

19. (a) NOV 11 1944 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8
year 1944 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from 11-8 1944
to 11-8 1944
that I last saw her alive on 11-8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bron Duration

Due to 107
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) Means of injury —

23. Signature W.C. Brudger (M. D. or other) —
Address 451 W. 2nd St Date signed —

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

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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 Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.