S. No. 2
DM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 377

Registration District No. 318 Primary Registration District No. Registrar's No. 7

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3333 a HEREFORD ST
(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:

(a) State MO (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3333 a HEREFORD
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES L. HAWKINS

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife AGNES C

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

7. Birth date of deceased AUG (Month) 19 (Day) 1879 (Year)

8. AGE: Years 67 ~~66~~ Months 4 Days 12 If less than one day hr. min.

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

10. Usual occupation ELECTRICAN

11. Industry or business FOR SELF

MOTHER FATHER

12. Name WM. BATES

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

14. Maiden name GEORGIA FERGUSON

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

16. (a) Informant AGNES C. HAWKINS
(b) Address 3333 a HEREFORD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1 4 46 (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST. PETER PAUL

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. KINGSHIGHWAY

19. (a) JAN 2 1946 (Date received local registrar) (b) J. F. Breick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 1 year 1946 hour 12.45 PM minute M.

21. I hereby certify that I attended the deceased from May, 1939, to Jan 1, 1946 that I last saw him alive on December 31, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion Cause	30 minutes
Due to Coronary Atherosclerosis	6 years
Due to	
Other conditions Chr. Degenerative Myocarditis (Include pregnancy within 3 months of death)	9 month

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Francis H. Weinel (M. D. or other) M. D.
Address 5205 a Chippewa Date signed 2 Jan 1946

(Licensed Embalmer's Statement on Reverse Side)

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

2581

Dr Meinel

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.