

FILED APR 6 1946
Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 528 N. Harrison
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Sarah J. Hawkins

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

4. Sex Female 5. Color or race W

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

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

7. Birth date of deceased Aug. 28 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72	7	1	hr. min.
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9. Birthplace Melrose Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Geo. Swanston

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

14. Maiden name Mabel Swanston

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

16. (a) Informant Mabel H. Hoester

(b) Address 106 N. Harrison, Kirkwood, Mo.

17. (a) Burial (b) Date thereof 4-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address Kirkwood, Mo.

19. (a) 4-3-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29
year 46 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from 8/14 1946 to 8/29/46 19...
that I last saw her alive on 8/29/46 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Tranverse myelitis

Due to Arteriosclerosis?

Due to 62-1

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

Major findings: Of operations.....

Of autopsy See above

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 [Signature] (M.D. or other).....
Address 654 N. Grand Date signed 8/1/46

Duration.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

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

956A

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..... *Felix Durand*

Licensed Embalmer No..... *3034*

P. O. Address..... *Kirkwood mo*

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.