

V. S. No. 2  
 FORM-5-43  
 Rev. 5-17-39  
 I X36871

**FILED DEC 9 1946** **318**

**1003**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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: Barnes Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME John J. Hawk  
 3. (b) If veteran, name war \_\_\_\_\_ 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 Helen B. Hawk 6. (c) Age of husband or wife if alive 46 years  
 7. Birth date of deceased July 30th., 1892  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>3</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Lawyer

11. Industry or business James J. Hawk

12. Name St. Louis Mo.

13. Birthplace Mary Broderick Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Ireland

15. Birthplace Mrs. Helen B. Hawk  
(City, town, or county) (State or foreign country)

16. (a) Informant 5217 Kensington Ave.  
 (b) Address

17. (a) Burial (b) Date thereof: 12-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Celvary

18. (a) Signature of funeral director Arthur J. Donnelly  
 (b) Address 3840 Lindell Blvd.

19. (a) NOV 29 1946 (b) J. J. Broderick  
(Date received local registrar) (Registrar's signature)

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. 5217 Kensington Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28  
 year 1946 hour 2 minute 10 PM.

21. I hereby certify that I attended the deceased from Nov. 27, 1946, to Nov. 28, 1946;  
 that I last saw him alive on Nov. 28, 1946;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: ? DISSECTING ANEURISM OF ADULTA  
 Due to HYPERTENSIVE CARDIO-VASCULAR DISEASE  
 Other conditions CARCINOMA OF COLON, SURGICALLY REMOVED 4 MOS. AGO.

Duration 20 HRS.  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

Major findings: REMOVED 4 MOS. AGO.  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 \_\_\_\_\_  
 3. Signature FR Bradley (M. D. \_\_\_\_\_)  
 Address Barnes Hospital Date signed 11-28-46

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

MOTHER FATHER

37497

AUG 20 1947

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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 W. H. VanMatre  
Licensed Embalmer No. 2825  
P. O. Address 4340 Lafayette

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.