

FILED DEC 24 1946

318

Registration District No.

Primary Registration District No.

Registrar's No.

10663

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:
Jewish Hospital
 (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 **Etta Houston Hawkins**
 3. (b) If veteran, name war..... **Nil**
 3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife **Robert D. Hawkins** 6. (c) Age of husband or wife if alive **18** years
 7. Birth date of deceased **October 23 1893**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 1 19 hr. min.

9. Birthplace **Unknown Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **Carter Carburetor**

12. Name **John Causey**

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

14. Maiden name **Unknown**
 (City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. David I. Eatis**

(b) Address **4475 West Pine Blvd.**

17. (a) **Removal** (b) Date thereof **12-11-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Campbell, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **DEC 12 1946** **J. F. Bredeek**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4003 Kennerly Ave.**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **10th**
 year **1946** hour **7:30** minute **0** M.

21. I hereby certify that I attended the deceased from **Dec. 9 1946**
 to **Dec. 11 1946**
 that I last saw h. **or** alive on **Dec. 11 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **3 days**

Due to.....

Due to.....

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

Major findings:
 Of operations.....

Of autopsy.....

PHYSICIAN

Undertline 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) (c) Means of injury.....

23. Signature **R. D. Peimer** (M. D. overruler)

Address **6233 Belmar** Date signed **12/11/46**

JAN 21 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 J. Allen Davis, Jr.
Licensed Embalmer No. 4053

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.