

FILED JAN 7 1947

Registration District No. **318** Primary Registration District No. **1003**

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: 4927 Northland Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Laura Hawkins

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

4. Sex M. F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.
 6. (b) Name of husband or wife George T. Hawkins 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 7th., 1864
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 8 17 hr. min.9. Birthplace Ill. (City, town, or county) (State or foreign country)10. Usual occupation At Home.

11. Industry or business _____

12. Name Samuel Bruce13. Birthplace Ill. (City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Albert Gerst(b) Address 5004 Vernon Ave.17. (a) Burial (b) Date thereof 12-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park18. (a) Signature of funeral director Arthur J. Connelly(b) Address 3840 Lindell Blvd.19. (a) DEC 27 1946 (b) _____
(Date of final registration) (Embalmer'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. 5004 Vernon 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 24th., year 1946 hour 5 minute 30 P.M.21. I hereby certify that I attended the deceased from 1935 to Dec 27, 1946.
that I last saw him alive on Dec 23, 1946.
and that death occurred on the date and hour stated above.

Immediate cause of death

Dementia.

Duration

2 yrs.

Due to

Ca of liver.1 yr.

Due to _____

Other conditions Senility
(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) (e) Means of injury _____

Signature J. F. Brudeck (M.D. or other) _____Address 5427 Gilman Date signed 12-26-46

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. Van Matre*

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 the above constitutes grounds for revocation of license.)

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