

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10953**  
**3555**  
Registrar's No.

**FILED APR 14 1947**  
318  
Registration District No.

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County.....  
 (b) City or town St. Louis,  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Deaconess 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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis #6  
 (c) City or town St. Louis,  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6903 Pershing Ave.,  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** WILLIAM DAVIS HAWKER.

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Jessie T. Hawker. 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased December 30 1873  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	3	2	hr. min.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 2  
 year 1947 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from 1-7 - 1947 to 4 - 2 - 1947  
 that I last saw him alive on 4-2 - 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis

Due to urinary tract infection - Escherichia

Due to 1 mo

Other conditions Hypertrophied Prostate  
 (Include pregnancy within 6 months of death)

Major findings:  
 Of operations 157  
 Of autopsy.....

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation Physician & Surgeon.

11. Industry or business.....

12. Name Davis William Hawker

13. Birthplace Brooklyn N.Y.  
 (City, town, or county) (State or foreign country)

14. Maiden name Sarah Cadwell

15. Birthplace Scott County Ill.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie T. Hawker.  
 (b) Address 6903 Pershing Ave.

17. (a) Burial (b) Date thereof April 4/47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.  
 (b) Address 7233 Delmar Blvd.,

19. (a) APR 3 1947 (b) J. F. Bredeek  
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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 J. F. Bredeek (M. D. or other)  
 Address 6011 n grand Date signed 3/7/47

(Licensed Embalmer's Statement on Reverse Side)

DI...  
Unlverslty Club.  
JE- 4370  
11 to 1 (Thur)  
2 to 4 other days.

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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

*Raymond L. Harris*

Licensed Embalmer No. *4330*

P. O. Address

*Maplewood, N.J.*

**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.**