

FILED DEC 26 1947

Registration District No.

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

438857
State File No.

Registrar's No. 2612

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Chesterfield, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Box 231, Rt. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
 (c) City or town Chesterfield
(If outside city or town limits, write "RURAL")
 (d) Street No. Box 231, Rt. 1
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME George Hawkins

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Nellie Hawkins 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased February 4 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>10</u>	<u>11</u>hr.min.

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER
 12. Name Waddie Hawkins
 13. Birthplace Unavailable
(City, town, or county) (State or foreign country)
 14. Maiden name Clara West
 15. Birthplace St. Louis Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Minor
 (b) Address 3035 Semple Avenue

17. (a) Burial (b) Date thereof 12/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Gumbo, Missouri

18. (a) Signature of funeral director Chas. J. Gates
 (b) Address 4107 Finney Avenue

19. (a) 12-18-47 (b) Bevil R. Stephens
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
 year 1947 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 15
 1947, to Dec 6 1947
 that I last saw him alive on Dec 5
 and that death occurred on the date and hour stated above.

Immediate cause of death Ca of Stomach
 Duration 1 yr

Due to.....
 Due to.....

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

Major findings: Inoperable Ca at St. L. C. Hospital
 Of operations.....
 Of autopsy.....

PHYSICIAN
 Underline the cause of 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?.....
(Specify type of place)
 While at work?..... (e) Means of injury.....

Signature Chas. J. Gates (M. D. or other) MD
 Address Creve Couer, Mo Date signed 12-17-47

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

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.....
John K. Cunningham..... Registered Apprentice No. 452
working under my personal supervision.

Signed.....

Licensed Embalmer No. ~~1836~~ 4259

P. O. Address 4107 Finney Avenue

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.