S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10253
Registrar's No. 2444

Registration District No. 318 Primary Registration District No. 1003

WRITE PLAINLY—USING 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 5582 Waterman
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5582 Waterman Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dixie Caroline Hawkey
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lester Ford Hawkey
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Nov. 2. 1909 (Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Henry Barbour
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lillie Perdue
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Lester Ford Hawkey
(b) Address 5582 Waterman Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 11.48 (Month) (Day) (Year)
(c) Place: burial or cremation Hopkinsville, Kentucky
18. (a) Signature of funeral director Samuel Niehaus
(b) Address 1431 Union Blvd.
19. (a) MAR 11 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 8 day
year 1948 hour 10 minute 33 A.M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death: 3rd degree burns of 50% of body when her clothing caught fire while smoking
Due to: Her home on March 8, 1948 Exact time unknown
Due to: No damage to building or contents
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 181
Of autopsy 15

Duration

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) Accident
(b) Date of occurrence March 8 1948
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury As above
23. Signature Albert E. Seifert (M.D. or other)
Address Date signed 3/10/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address .....

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.