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1-3906

FILED SEP 13 1948

Registration District No. 318

Primary Registration District No. 1003

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

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: St. Louis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Nine Days in Hosp.
years, months or days

3. (a) PRINT FULL NAME Allen Hawkins
3. (b) If veteran, _____ 3. (c) Social Security No. _____
name war _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ressie Hawkins 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased 6 (Month) 29 (Day) 1873 (Year)

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

9. Birthplace Sedan (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Seaman

11. Industry or business Central South Day Labor

12. Name Daniel Hawkins

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

14. Maiden name Femima Forsythe

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

16. (a) Informant H. F. Hawkins

(b) Address 1022 E. Wilson Way, St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Free For Cemetery

18. (a) Signature of funeral director W. C. Campbell

(b) Address 4215 Maple Park

19. (a) SEP 1 1948 (Date received local registrar) J. F. Braddock (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. 1302 Louisville Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 31 year 1948 hour 12:50 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture dislocation of 5th and 6th cervicle vertebra;
Pulmonary oedema, when the automobile he was driving went out of control and left the highway and turned over on Highway #40 near Kirkwood, Mo., on August 22nd, 1948, exact time unknown

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

Major findings: _____
Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) accident

Date of occurrence Aug. 22, 1948

(c) Where did injury occur? See above (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place

(e) Means of injury see above

23. Signature Henry F. Callahan (M.D. or other)

Address Corcoran 3 Date signed Sept 1, 48

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

Rex C. Campbell

Licensed Embalmer No.

3881

P. O. Address.

St. Louis, Mo

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.