

No. 300
-10-47
5-17-39
I 3906

FILED SEP 7 1948
Registration District No. 212

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 33 Days
(Specify whether years, months or days)

In this community 26 years

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. 3218 Magazine Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME HAWTHORNE, Brown

3. (b) If veteran, name war World I

3. (c) Social Security No. 498 09 2045

4. Sex Male 2 5. Color or race Negro

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

6. (b) Name of husband or wife Luella 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased September 19 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 10 27 hr. min.

9. Birthplace Nowellton Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Foundryworker

11. Industry or business

MOTHER FATHER { 12. Name James Hawthorne

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

{ 14. Maiden name Lillie Kester

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

16. (a) Informant Registrar, VA Hospital

(b) Address Jefferson Barracks 23, Mo.

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

(c) Place: burial or cremation Greenville, Miss.

18. (a) Signature of funeral director Howell Fu. Home

(b) Address 2834 Gamble Street, St. Louis, Mo.

19. (a) 8-17-48 (b) Carl A. Sharp, M.D.
(Date received local registrar) (Registrar's signature) (R.H.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1948 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from July 14, 1948 to August 16, 1948;
that I last saw him alive on August 16, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA, Duration

ESOPHAGUS AND STOMACH WITH METASTASIS

Contributory cause:

~~POOR~~ PNEUMONIA, LEFT, UPPER AND LOWER LOBE

Due to H&B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 8/6/48 Partial Esophagectomy partial gastrectomy & splenectomy

Of autopsy Autopsy performed (See cause of death)

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) None

(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) (Cause of injury)

23. Signature L. E. Stilwell (M. D. Embalmer)

Address Jefferson Brks. Mo. VAH Date signed 8/17/48

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 _____

Chas. R. Howell

Licensed Embalmer No. _____

2452

P. O. Address _____

2834 Cambridge

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.