

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
2664  
Registrar's No. ....

FILED APR 1 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

12

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res: 4943 Maryland Ave.,</u>		d. STREET ADDRESS (If rural, give location) <u>#4943 Maryland Avenue,</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RICHARD</u>	b. (Middle) <u>SIMRALL</u>	c. (Last) <u>HAWES.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 23 - 49</u>
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5. SEX <u>Male..</u>	6. COLOR OR RACE <u>White..</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married..</u>	8. DATE OF BIRTH <u>December 15 1873.</u>	9. AGE (In years last birthday) <u>75.</u>	IF UNDER 1 YEAR Months <u>3.</u>	IF UNDER 1 DAY Days <u>8.</u>	IF UNDER 1 MIN. Hours <u></u>	IF UNDER 1 MIN. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired V. P 1st Nat'l Bank St. Louis.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>9</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Smith N. Hawes.</u>	13b. MOTHER'S MAIDEN NAME <u>Susan E. Simrall.</u>	14. NAME OF HUSBAND OR WIFE <u>Laura May Watts Hawes.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>	16. SOCIAL SECURITY (If yes, give war or date of service) <u>497-18-6049</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs R. S. Hawes.</u>	ADDRESS <u>4943 Maryland Ave.,</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 4, 1941, to March 13, 1942, that I last saw the deceased alive on March 22, 1949, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Samuel D Grant</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>114 N. Taylor Ave</u>	23c. DATE SIGNED <u>3/23/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial..</u>	24b. DATE <u>3/25/49.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>
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DATE RECD BY LOCAL HEALTH DEPT <u>MAR 24 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton &amp; Sons,</u>	ADDRESS <u>7233 Delmar Blv'd.,</u>
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Dr Sam Grant Clinic,  
114 N. Taylor Avenue,  
St. Louis, Mo.

9477 8600.

APR 11 1945

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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.