

FILED MAR 19 1949

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2282

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

ST. Louis  
ST. Louis  
Homer G. Phillips  
111<sup>th</sup> So Leonard

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
5. SEX			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		
6. COLOR OR RACE			8. DATE OF BIRTH		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
12. CITIZEN OF WHAT COUNTRY?					

James Hawkins  
Mar 9, 1949  
M J Col Single  
Feb 21, 1910 39  
Porter  
ST. Louis Mo

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
--------------------	---------------------------	-----------------------------

Jeffery Hawkins  
Jenavieve Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
--------------------------------------------------------------------	----------------------------------------------------------------	-----------------------------------	---------

489-16-6467 Jenavieve Hawkins 1115<sup>th</sup> Leonard

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, asthma; etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		
	DUE TO (b)		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

Pulmonary Edema  
Contrib: Hypertensive  
Heart Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

11/12/49

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:15<sup>am</sup>, from the causes and on the date stated above.

23. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
---------------------------------	--------------	------------------

Walter Perry Engstrom 1300 Clark 3/12/49

24. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
------------------------------------------	-----------	------------------------------------	-----------------------------------------------

Burial Mar 15/49 Greenwood Cem St Louis MO

DATE REC'D BY LOCAL REG. MAR 12 1949	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
--------------------------------------	-----------------------	----------------------------------	---------

J. B. Sauter F. G. Green 4214 Delmar

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

43  
18

**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 *Lepton Swan* .....

Licensed Embalmer No. *4580* .....

P. O. Address *4214 Delmar* .....

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.