

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 24869
6388

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 1 Day		d. STREET ADDRESS (If rural, give location) 6143 Page Blvd.	
3. NAME OF DECEASED (Type or Print) a. (First) Mr. Edwin b. (Middle) L. c. (Last) Hawken			4. DATE OF DEATH (Month) (Day) (Year) July 21, 1949
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 28, 1878
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector		10b. KIND OF BUSINESS OR INDUSTRY Wagner Elec. Co.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William S. Hawken		13b. MOTHER'S MAIDEN NAME Emma Owen	14. NAME OF HUSBAND OR WIFE Frances E. Hawken
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 497-01-8997	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Adelaide Hawken 6143 Page Blvd
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cremia Cardiac Failure.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular-renal</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>3 mo +</u> <u>10 yrs +</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97		21d. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97	
21e. 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? <u>45 ft</u>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4-9-</u> , 19 <u>49</u> to <u>7-21-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-21-</u> , 19 <u>49</u> and that death occurred at <u>10:20 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. B. Sauter</u>		23b. ADDRESS <u>864 Hamilton St. Louis 12 Mo</u>	
23c. DATE SIGNED <u>7-22-49</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 23, '49	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Sauter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander Brown</u> 6175 Delmar Blvd.	

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

Dr. J. Fred W. Clark
864 Hamilton Ave.
Ca. 2354
Fri. 1-8 PM

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

Gustaf W Dietrich

Licensed Embalmer No.

4329

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.