

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28136
Registrar's No. 7145

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St Louis Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Prentwood Mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Leasness Hosp. P.D.</u>		d. STREET ADDRESS (If rural, give location) <u>7312 Prentwood Blvd</u>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>ANNA</u>		Month (Day) (Year) <u>Aug 15 1949</u>	
b. (Middle) <u>ELIZABETH</u>			
c. (Last) <u>HAWKINS</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH
			9. AGE (In years last birthday) <u>69</u> Months <u>5</u> Days <u>4</u> Hours <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>	
		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Patrick Fahy</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget Melody</u>		14. NAME OF HUSBAND OR WIFE <u>George C. Hawkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George C. Hawkins</u>	
				ADDRESS <u>7312 Prentwood Blvd</u>	

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia, bilateral</u>		<u>6 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		<u>8 weeks</u>	
		Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last.		<u>2 months (estimated)</u>	
		DUE TO (b) <u>Biliary cirrhosis of liver</u>			
		DUE TO (c) <u>Carcinoma of pancreas</u>			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Hall</u>	
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? <u>15 ft X</u>	

22. I hereby certify that I attended the deceased from July 5, 1949, to Aug 15, 1949, that I last saw the deceased alive on Aug 14, 1949, and that death occurred at 4:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>CH Lockelman M.D.</u>		23b. ADDRESS <u>2615 Prentwood Blvd</u>		23c. DATE SIGNED <u>8/16/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 17-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>AUG 16 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Casater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Boykora</u>	
				ADDRESS <u>6526 Clayton Rd</u>	

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

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Edmond H. Remelius

Licensed Embalmer No. 4283

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.