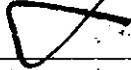


BIRTH NO. _____		REG. DIST. NO. 113		PRIMARY REG. DIST. NO. 5431		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Praise		c. LENGTH OF STAY (In this place) 1 yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis MO 400			
d. FULL NAME OF HOSPITAL OR INSTITUTION Roubidoux MO				d. STREET ADDRESS (If rural, give location) 102150. Boyle Ave			
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) Edward		c. (Last) Hawkins		4. DATE OF DEATH (Month) (Day) (Year) 1-1-1950
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct-27-1894	9. AGE (In years last birthday) 54	Months 2	Days 5
10a. USUAL OCCUPATION (Give kind of work done during the working life, even if retired) Maintenance man		10b. KIND OF BUSINESS OR INDUSTRY Am. Pack. House		11. BIRTHPLACE (State or foreign country) Roubidoux MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Wm Hawkins		13b. MOTHER'S MAIDEN NAME Margaret Lewis		14. NAME OF HUSBAND OR WIFE Lucille			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY 489-03-7102		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas. Hawkins, Roubidoux MO			
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medical Certification 0904009 Pneumonia's Ladder INTERVAL BETWEEN ONSET AND DEATH 7			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. 4201			
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)			
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?			
I hereby certify that I attended the deceased from 19__ to 19__, that I last saw the deceased alive on 1-1-1950 that death occurred at 12 p.m., from the causes and on the date stated above.							
22. SIGNATURE - Lucille (Degree or title) Mrs. H. H. Haffelorn				23b. ADDRESS St. Louis MO		23c. DATE SIGNED 1-1-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-3		24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) Franklin Co.	
DATE REC'D BY LOCAL REG. 1-3-1950		REGISTRAR'S SIGNATURE Ed Northington 96		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Daniel R. Ruel, Roubidoux MO			

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

District File Number

District Health Officer No. 9

1950

RECEIVED

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. 344

working under my personal supervision.

Student Ralph Ottmann
Student Embalmer

Signed E. H. Ottmann

Licensed Embalmer No. 1686

P. O. Address Union 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.