

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7071

XC-16 207 601

Reg.# 91507

BIRTH NO.

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 6076

Registrar's No. 281

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFF. BRKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> 2069	
c. LENGTH OF STAY (in this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>6 4903 Highland Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>THEODORE</b> b. (Middle) <b>L.</b> c. (Last) <b>HAWTHORNE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-30-51</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>N</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>8-23-05</b>
9. AGE (In years last birthday) <b>45</b>		9. AGE (If UNDER 1 YEAR Months Days Hours Min)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Valet</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>	11. BIRTHPLACE (State or foreign country) <b>ABERDEEN, MISSISSIPPI</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>LOUIS HAWTHORNE</b>	
13b. MOTHER'S MAIDEN NAME <b>MARY GOODWIN</b>		14. NAME OF HUSBAND OR WIFE <b>BEVERLY HAWTHORNE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF THE RECTUM WITH METASTASES</b>  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.	
19a. DATE OF OPERATION <b>11-7-50</b>		19b. MAJOR FINDINGS OF OPERATION <b>CARCINOMA OF RECTUM WITH METASTASES</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>154X</b>	
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) (Min)	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 <b>1-28-</b> , 19 <b>51</b> , to <b>1-30</b> , 19 <b>51</b> , and that death occurred at <b>5:20A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>M.D. VA HOSPITAL, JEFF. BRKS, MO.</b>	23c. DATE SIGNED <b>1-30-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-2-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>JEFF BRKS, MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>2/1/51</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>GATES FUNERAL HOME 4107 Finney St. Louis</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

4000

1951-1-30  
1905-1-25  
1-5-1

1907 7 0777

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 *[Signature]* .....

Licensed Embalmer No. *4259* .....

P. O. Address *407 7* .....

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.