

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39116**  
Registrar's No. **10153**

FILED DEC 1 1951

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). a. STATE <b>Missouri</b> b. COUNTY <b>0549</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lexington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>903a No. Compton Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>21) 2600 Franklin Street</b>	

3. NAME OF DECEASED (Type or Print) <b>Jennie</b>	a. (First)	b. (Middle)	c. (Last) <b>Hawkins</b>	4. DATE OF DEATH <b>11 14-1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Jan 3, 1866</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b>10</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Lexington, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Nick Waters</b>	13b. MOTHER'S MAIDEN NAME <b>Rachel Goodan</b>	14. NAME OF HUSBAND OR WIFE <b>Irvin Hawkins</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>(Mrs) Mildred L. Harper, 903a N. Compton</b>	ADDRESS <b>TOB</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Insufficiency, Interstitial nephritis &amp; hemiplegia Rt. side</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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <b>H22.2</b>
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22. I hereby certify that I attended the deceased from **10/4/51**, 19**51**, to **11/14/51**, 19**51**, that I last saw the deceased alive on **11/14/51**, 19**51**, and that death occurred at **2:30a m.**, from the cause and on the date stated above.

23a. SIGNATURE <b>Burkline D. Johnson</b>	(Degree or title)	23b. ADDRESS <b>3100 Lucas Ave</b>	23c. DATE SIGNED <b>11/15/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-15-1951</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Lexington, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>NOV 15 1951</b>	REGISTRAR'S SIGNATURE <b>J. H. Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Peoples' Und. Co.</b>	ADDRESS <b>3100 Franklin Ave.</b>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

**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.