

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39117

State File No. 9823

BIRTH NO.		REG. DIST. NO. 318		HOMER G. PHILLIPS HOSPITAL PRIMARY REG. DIST. NO. 1009		Registrar's No. 9823	
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. LENGTH OF STAY (in this place) 14 Days		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI PACIFIC HOSP.				d. STREET ADDRESS (If rural, give location) 2337 S. 10TH ST.			
3. NAME OF DECEASED (Type or Print)		a. (First) PEARL		b. (Middle) CATHERINE		c. (Last) HAWKINS	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		11		6		51	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 24, 1907	
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) EAST ST. LOUIS, ILL.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME WILLIAM F. STEWARD		13b. MOTHER'S MAIDEN NAME (UNKNOWN)	
14. NAME OF HUSBAND OR WIFE HAMM LAFAYETTE HAWKINS				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Lafayette Hawkins				ADDRESS 2337 S. 10TH ST. ST. LOUIS, ILL.			
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) NEPHRITIS, CHRONIC ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. HYPERTENSION DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 2 YEARS MANY YEARS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 592X			
22. I hereby certify that I attended the deceased from SEPT 30 , 19 50 to 11-6 , 19 51 , that I last saw the deceased alive on 11-6 , 19 51 , and that death occurred at 12:35 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Earl Smith		(Degree or title) MD		23b. ADDRESS 0607 NO GRAND		23c. DATE SIGNED 11-6-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11/7/51		24c. NAME OF CEMETERY OR CREMATORY SUNNYSIDE CEMETERY		24d. LOCATION (City, town, or county) (State) EAST ST. LOUIS, ILL.	
DATE REC'D BY LOCAL REG. NOV 6 1951		REGISTRAR'S SIGNATURE Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE John Kassy Casady, Louis, Ill.			
				(Licensed Embalmer's Statement on Reverse Side)			

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 _____

working under my personal supervision.

not Embalmed

Student Embalmer No.

Signed.....
Student Embalmer

Signed *John J. Keady*

Licensed Embalmer No. *6855-102*

P. O. Address *East St. Louis, Ill*

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.