

STANDARD CERTIFICATE OF DEATH

State File No. 15780
3323

FILED APR 18 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		d. STREET ADDRESS (If rural, give location) 16 4140 Humphrey St.	

3. NAME OF DECEASED (Type or Print) a. (First) PATRICK b. (Middle) J. c. (Last) HAWE			4. DATE OF DEATH (Month) (Day) (Year) Mar 26 1953					
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 15, 1882	9. AGE (In years last birthday) 70	# UNDER 1 YEAR Months	# UNDER 2 WKS. Days	# UNDER 24 HRS. Hours	# UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trouble Shooter		10b. KIND OF BUSINESS OR INDUSTRY Car-Public Service Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY O		

13a. FATHER'S NAME John Hawe	13b. MOTHER'S MAIDEN NAME Bridget Godfrey	14. NAME OF HUSBAND OR WIFE Josephine Hawe
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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) Yes World War 1	16. SOCIAL SECURITY NO. 493-10-7842	17. INFORMANT'S SIGNATURE OR NAME Josephine Hawe	ADDRESS 4140 Humphrey St.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 ds.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia c purulent abscess, left		
	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 checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5190

22. I hereby certify that I attended the deceased from Apr. 18, 1949, to March 26, 1953, that I last saw the deceased alive on Mar. 26, 1953, and that death occurred at 5:15p m., from the causes and on the date stated above.

23a. SIGNATURE Josephine Hawe	(Degree or title) M.D.	23b. ADDRESS 5400 Arsenal St.	23c. DATE SIGNED 3/27/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 30, 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. MAR 28 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl
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(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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Richard H. Stoveland

Licensed Embalmer No.

4007

P. O. Address

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.