# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1953

State File No. 40570

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10426

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. Louis
c. LENGTH OF STAY (In this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: MO.
b. COUNTY: 2257
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. Louis
d. STREET ADDRESS (If rural, give location): 1418 a N. 18th St.

3. NAME OF DECEASED (Type or Print): a. (First) Tyrone b. (Middle) c. (Last) HAWKINS
4. DATE OF DEATH (Month) (Day) (Year): OCT. 30, 1953
5. SEX: MALE
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: Feb. 7, 1952
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ST. Louis, MO 0
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: Joseph HAWKINS
13b. MOTHER'S MAIDEN NAME: Helen Richardson
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Helen HAWKINS — ADDRESS: 1418 a N. 18th ST.

**MEDICAL CERTIFICATION**

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) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Brain Abscess
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 [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 342X

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 10:40 a.m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph M. Green (Degree or title) Dep. Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 11/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 11/3/53
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): St. Louis Co. MO.

DATE REC'D BY LOCAL REG.: NOV 3 1953
REGISTRAR'S SIGNATURE: J. Carl Smith MDW
25. FUNERAL DIRECTOR'S SIGNATURE: W. Robinson & Sons — ADDRESS: 3017 N. Market St

(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 Leroy H. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Everton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.