

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44249**
Registrar's No. **11612**

FILED DEC 17 1953

318

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11612	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____			
b. CITY OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital				e. STREET ADDRESS (If rural, give location) 4029 Enright Ave. 2190			
3. NAME OF DECEASED (Type or Print) Thomas		a. (First)		b. (Middle)		c. (Last) Hawk.	
4. DATE OF DEATH		(Month) 12		(Day) 3		(Year) 53	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH July 26, 1935	
9. AGE (In years last birthday) 18		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) River Rouge, Mich.			
13a. FATHER'S NAME Ardless Hawk.		13b. MOTHER'S MAIDEN NAME Bertha Mae Jones		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		(If yes, give war or dates of service) W.W.2		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Hawk ADDRESS Flint, Michigan	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* 2° and 3° Burns of 30% of Body Enter an ary Tuberculosis, which due to us as burns, manner undetermined, in a jacketed DE TO amabile an a result				INTERVAL BETWEEN ONSET AND DEATH Subst	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		II. OTHER SIGNIFICANT CONDITIONS 4102 Delmar Ave., Nov 29 1953 Conditions contributing to the death but not related to the disease or condition causing death contact time unknown					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 29 53 3 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 000 E9168			
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 4:00 p.m. , from the causes and on the date stated above. 40							
23a. SIGNATURE Patrick J. Taylor				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12 8 53	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		24b. DATE 12/8/53		24c. NAME OF CEMETERY OR CREMATORY Flint, Mich		24d. LOCATION (City, town, or county) (State) Mich	
DATE REC'D BY LOCAL REG. DEC 8 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE W. Robinson & Sons ADDRESS 3017 N. Market			

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.....
Signature of Student Embalmer

Signed *Leroy W. Bannister*.....

Licensed Embalmer No. *4523*

P. O. Address *3880 Easton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.