

FILED JUN 24 1954

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

20607

State File No. \_\_\_\_\_

4605

Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. _____		Registrar's No. <b>4605</b>							
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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>0</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>21 2329 Market Street</b>											
3. NAME OF DECEASED (Type or Print) <b>DAVID HAWK</b>			a. (First)			b. (Middle)			c. (Last)						
4. DATE OF DEATH <b>May 20, 1954</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>			8. DATE OF BIRTH <b>Jan. 5, 1911</b>			9. AGE (In years last birthday) <b>43</b>						
5. SEX <b>Male 2</b>		6. COLOR OR RACE <b>Negro</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Radio Repairman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Radio Repair Shop</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Byhalia, Mississippi /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					
13a. FATHER'S NAME <b>Ibom Hawk</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>									
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>Ruth Rossell</b>			ADDRESS <b>2220a Clark</b>						
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>1. Cystic Kidneys;</b></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>2. Cardiac Hypertrophy.</b></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>							INTERVAL BETWEEN ONSET AND 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? <b>4343</b>													
22. I hereby certify that I attended the deceased from <b>3</b> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:55A m.</b> , from the causes and of the date stated above.															
23a. SIGNATURE <b>Robert P. Taylor Carson</b>				(Degree or title)				23b. ADDRESS <b>1300 Clark</b>				23c. DATE SIGNED <b>5.24.54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-26-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay, Missouri</b>		DATE REC'D BY LOCAL REG. <b>MAY 24 1954</b>				REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>			
25. FUNERAL DIRECTOR'S SIGNATURE <b>M. J. Richardson</b>				ADDRESS <b>2625 Glasgow</b>											

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300

10-48

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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 *Andrew Richardson*

Licensed Embalmer No. *485*

P. O. Address *2625 G. Ave*

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.