

BIRTH NO. 47254-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5974

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO. b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS
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 No

d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL HOSP.

e. STREET ADDRESS (If rural, give location) 2249 24 2914 Texas Av.

3. NAME OF DECEASED
a. (First) LARRY b. (Middle) LEE c. (Last) HADAWAY

4. DATE OF DEATH (Month) (Day) (Year) 6-28-54

5. SEX MALE

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) BABY

8. DATE OF BIRTH 6-28-54

9. AGE (In years last birthday) 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 4 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BABY

10b. KIND OF BUSINESS OR INDUSTRY BABY

11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME JAMES A. HADAWAY

13b. MOTHER'S MAIDEN NAME VELMA J. LAE

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS VELMA J. HADAWAY 2914 Texas

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) Prematurity
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES 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? 776X

22. I hereby certify that I attended the deceased from 6-28, 1954, to 6-28, 1954, that I last saw the deceased alive on 6-28, 1954 and that death occurred at 11:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. A. Conner M.D.

23b. ADDRESS 453 N. Taylor

23c. DATE SIGNED 7-1-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/2/54

24c. NAME OF CEMETERY OR CREMATORY St. Mathews Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. JUL 2 1954

REGISTRAR'S SIGNATURE J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois.

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... *Robert T. Gebb*

Licensed Embalmer No... *41*

P. O. Address... *2630*

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.