

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24645**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6422**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **60 yrs**  
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 **Homer G. Phillips Hospital**  
e. STREET ADDRESS (If rural, give location) **4049 Finney** **21190**

3. NAME OF DECEASED (Type or Print)  
a. (First) **George** b. (Middle) \_\_\_\_\_ c. (Last) **Hawkins** 4. DATE OF DEATH (Month) (Day) (Year) **7 12 54**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower** 8. DATE OF BIRTH **Jan. 6, 1872** 9. AGE (in years last birthday) **82** IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Unemployed** 10b. KIND OF BUSINESS OR INDUSTRY **--** 11. BIRTHPLACE (City and State or Foreign Country) **Little Rock, Arkansas** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Minnie Hawkins**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Bernice Cox** ADDRESS **4111 Enright Avenue**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Arteriosclerotic Brain Disease**  
INTERVAL BETWEEN ONSET AND DEATH **Undt.**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving DUE TO (b) \_\_\_\_\_ rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS **Thrombosis of Left Lenticulo Striate Artery**  
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  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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **334x**

22. I hereby certify that I attended the deceased from **7-2**, 19 **54** to **7-12**, 19 **54**, that I last saw the deceased alive on **7-12**, 19 **54**, and that death occurred at **10:42 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **H. J. Erwin** (Degree or title) **M.D.** 23b. ADDRESS **2601 N. Whittier** 23c. DATE SIGNED **7-15-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **7/16/54** 24c. NAME OF CEMETERY OR CREMATORY **Greenwood Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **JUL 15 1954** REGISTRAR'S SIGNATURE **Charles J. Gates** 25. FUNERAL DIRECTOR'S SIGNATURE **Charles J. Gates** ADDRESS **4107 Finney Ave**

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Arthur L. Hillia*.....

Licensed Embalmer No...4221..

P. O. Address 4107 Finney..

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.