

FILED FEB 10 1955

## STANDARD CERTIFICATE OF DEATH

State File No.

2624

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>0487</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>ST. LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>			c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>UNIVERSITY CITY</b> <i>X336</i>		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>ST. LUKES HOSPITAL</b> <b>0</b>				e. STREET ADDRESS (If rural, give location) <b>6903 PERSHING AVE</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JESSIE</b>			b. (Middle) <b>TERRILLE</b>		c. (Last) <b>HAWKER.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 17, 1955</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> <b>2</b>		8. DATE OF BIRTH <b>Jan. 28, 1872</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Adams, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George F. Terrille.</b>			13b. MOTHER'S MAIDEN NAME <b>Ann Parker.</b>		14. NAME OF HUSBAND OR WIFE <b>William Davis Hawker.</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>NO.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Earl G. Burton; 6903 Pershing Ave</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>				DUPLICATE			<b>4 days</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>General Atherosclerosis</b>			<b>10 yrs</b>
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 <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>331X</b>			
22. I hereby certify that I attended the deceased from <b>July, 1953</b> , to <b>January 16, 1955</b> , that I last saw the deceased alive on <b>January 16, 1955</b> , and that death occurred at <b>1:25 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>David Dale Kerr M.D.</b>				23b. ADDRESS <b>4500 Olive St. St. Louis, Mo.</b>		23c. DATE SIGNED <b>1/17/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-18-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 17 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>G.R. Lupton &amp; Sons; 7233 Delmar Blvd;</b>		

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. *Arnold W. Schoene*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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.