

FILED JAN 15 1957.

THE DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43164

STATE FILE NUMBER

11574

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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, give TOWNSHIP only) OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. Hosp.			Length of stay in lb	d. STREET ADDRESS 3940 Missouri Ave.,			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Charles Hawley,				4. DATE OF DEATH December 16, 1956			
5. SEX Male.	6. COLOR OR RACE White,	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH September 11, 1873		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Retired 4 Years,		11. BIRTHPLACE (City and state or country) Mexico, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Oscar Hawley,				14. MOTHER'S MAIDEN NAME Unknown.			
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. 341-12-2036		17. INFORMANT Mrs. Mabel Warmann, 3940 Missouri Ave.,			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of Skull; Subdural Hemorrhage; Rupture of Aorta; suffered when struck by a road way street car operated by wife Ralph</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Car</i> DUE TO (c) <i>Car</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (as in Part I) (a) <i>3935 South Broadway</i>							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>about 5:15 p.m., December 16th</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
20c. TIME OF INJURY <i>5:21 p.m. 12 16 56</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>Street</i>		20f. CITY, TOWN, OR LOCATION St. Louis Mo. E840X COUNTY 36 STATE					
21. I attended the deceased from <i>6:30 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Doctor or filer) <i>Patrick Taylor Carson</i>			22b. ADDRESS <i>1300 Clark</i>			22c. DATE SIGNED <i>12.17.56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal,</i>	23b. DATE <i>12/18/56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Green Lawn Cemetery,</i>		23d. LOCATION (City, town, or county) (State) <i>Frankfort, Indiana,</i>			
24. FUNERAL DIRECTOR <i>Gebken-Benz Mortuary,</i>		ADDRESS <i>2842 Meramec St., St. Louis, 18, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>DEC 17 1956</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

This certificate must be returned to the health department of the state in which the death occurred. It must be returned to the health department of the state in which the death occurred. It must be returned to the health department of the state in which the death occurred.

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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  
by me, or by me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Joe S. Benz*  
Licensed Embalmer No...  
2842 Mer  
P. O. Address... St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.