

FILED JUL 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26957**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **1635**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Pine Lawn		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (In this place) 1 mo		d. STREET ADDRESS (If rural, give location) 4664 ALASKA	
d. FULL NAME OF HOSPITAL OR INSTITUTION PINE CREST NURSING HOME			

3. NAME OF DECEASED (Type or Print) a. (First) PATRICK b. (Middle) MICHAEL c. (Last) HAWKINS			4. DATE OF DEATH (Month) (Day) (Year) June 27 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH MAR. 13 1957	9. AGE (In years last birthday)	10. F UNDER 1 YEAR Months 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) ST. LOUIS MO	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME LOUIS D. HAWKINS		13b. MOTHER'S MAIDEN NAME CECILIA BLECHA		14. NAME OF HUSBAND OR WIFE None	
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 LOUIS HAWKINS	
				ADDRESS 4664 ALASKA	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus		INTERVAL BETWEEN ONSET AND DEATH 3 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Encephalo-meningocele		
	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 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) 752x	
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	

22. I hereby certify that I attended the deceased from **4/57**, 19___, to **6/57**, 19___, that I last saw the deceased alive on **6-27**, 19**57**, and that death occurred at **1:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert A. Nye M.D.		(Degree or title)		23b. ADDRESS 3201 Central St. St. Louis Mo.		23c. DATE SIGNED 27 June 1957	
---	--	-------------------	--	---	--	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 28 1957		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. 6-28-57		REGISTRAR'S SIGNATURE Dorbert B. Dembald		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Ruten		ADDRESS 2906 Leavis	

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

not embalmed
Signed

Les J. Budde

Licensed Embalmer No. 3989

P. O. Address 2916 Avenue

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 this body is not embalmed, fact should be so stated above.