

Health,  
& Welfare  
Public  
Service

FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38593

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2334

300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Richmond Heights</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>DesPeres, 4000</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> Length of stay in lb <u>6 days</u>		d. STREET ADDRESS (If outside, give location) <u>11939 Kendon Dr.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>James E. Hawk</u>			4. DATE OF DEATH Month Day Year <u>Sept. 20, 1957</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 24, 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired, Dept. Manager, Graham Paper Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri</u>	11. BIRTHPLACE (City and state or country) <u>U.S.</u>
13a. FATHER'S NAME <u>James J. Hawk</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Broderick</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Irene C. Hawk</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If year, give year or dates of service) <u>Yes World War # 1</u>		16. SOCIAL SECURITY NO. <u>488-05-6386</u>	
17. INFORMANT Address <u>Mrs. Irene C. Hawk, 11939 Kendon Drive</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>9/12/57</u> to <u>9/20/57</u> and last saw her alive on <u>9/20/57</u> Death occurred at <u>9:20 am.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edward J. Donnelly</u>		22b. ADDRESS <u>3720 Washington</u>	22c. DATE SIGNED <u>9/20/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Sept. 23, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Arthur J. Donnelly 3840 Lindell Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>9-20-57</u>	26. REGISTRAR'S SIGNATURE <u>Herbert P. Donnelly</u>

*ccc*

