No. 300
10.48

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

FILED APR 9 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011730
State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3690

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 4-Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Chronic Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri.
b. COUNTY 2329
c. CITY OR TOWN St. Louis,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 1206 N. 9th. St.

26 22

3. NAME OF DECEASED (Type or Print)
a. (First) Frank
b. (Middle)
c. (Last) Hawley.

4. DATE OF DEATH (Month) March (Day) 31, (Year) 1958

5. SEX Male.
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH Sept.1,1880
9. AGE (In years last birthday) 77 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Office Work
11. BIRTHPLACE (City and State or Foreign Country) Texas Sherman, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Orwin Hawley.
13b. MOTHER'S MAIDEN NAME Mary Hawley.
14. NAME OF HUSBAND OR WIFE Anna C. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.#1
16. SOCIAL SECURITY NO. 488-05-6292
17. INFORMANT'S SIGNATURE OR NAME Anna Hawley **ADDRESS** 1206 N.9th St.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Pulmonary C.A. — Interval between onset and death: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Prostatic C.A. — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. C.V.A. & Rt. Hemiparesis — 2 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 177x
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 27, 19 58, *to* March 31, 19 58, *that I last saw the deceased alive on* March 31, 19 58, *and that death occurred at* 7.55P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John W. Beckham, M.D.
23b. ADDRESS 5800 Arsenal St.
23c. DATE SIGNED 4/1/58

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 4-3-58
24c. NAME OF CEMETERY OR CREMATORY National Cemetery
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG. APR 1 58
REGISTRAR'S SIGNATURE J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Robert D. Kinealy **ADDRESS** 2228 St. Louis Ave.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Homer W. Hoity

Licensed Embalmer No. 388

P. O. Address St. Louis

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