

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28952

State File No. **7346**
Registrar's No. **7346**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY City of St. Louis, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY St. Francis.	
b. CITY OR TOWN St. Louis, Mo.	c. LENGTH OF STAY (in this place) 7 days.	c. CITY OR TOWN Elvins, Mo.	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 Mo. Pac. Employes Hospital.		STREET ADDRESS (If rural, give location) 207 Mill St.,	

3. NAME OF DECEASED (Type or Print) a. (First) Harvey, b. (Middle) _____ c. (Last) Hawkins	4. DATE OF DEATH (Month) (Day) (Year) August 6, 1954.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH Oct. 7, 1884.	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Railroad.	11. BIRTHPLACE (City and State or Foreign Country) St/ Francis County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME _____	13b. MOTHER'S MAIDEN NAME Ida Jane Hulsey	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 498-10-4057	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
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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 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism, Bilateral.		INTERVAL BETWEEN ONSET AND DEATH Acute.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bilateral Inguinal Herniae.		30 days/
	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 8-2-1954.	19b. MAJOR FINDINGS OF OPERATION Bilateral Inguinal Herniae.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) no injury. (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? no injury
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22. I hereby certify that I attended the deceased from **July 30, 1954** to **Aug. 6, 1954**, that I last saw the deceased alive on **Aug. 6, 1954**, and that death occurred at **12:20P** m., from the causes and on the date stated above.

23a. SIGNATURE Joseph A. Lembeck, M.D. (Degree or title)	23b. ADDRESS 1755 South Grand Blvd.	23c. DATE SIGNED Aug. 6, '54
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE 8-8-54	24c. NAME OF CEMETERY OR CREMATORY St. Francis Memorial	24d. LOCATION (City, town, or county) Donnie Leno (State) _____
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DATE REC'D BY LOCAL REG. AUG 9 1954	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Sparks & Home ADDRESS Flat River Mo.
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WRITE PLAINLY—USING UNFADEING 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 *Elliott Spark*.....

Licensed Embalmer No. *42*.....

P. O. Address *Flat River*.....

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.