V. S. No. 2
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Rev. 5-12-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23060

FILED AUG 14 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6881

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4634 McKissock Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edmond Hawkins, alias, Joe Rose

3. (b) If veteran, name war

3. (c) Social Security No. 494-10-4601

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lena Rose

6. (c) Age of husband or wife if alive years

7. Birth date of deceased ~~Unknown~~ May 22 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 10 If less than one day hr. min.
About ~~63~~

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)
Porter

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie Salisbury

(b) Address 4634 McKissock Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Undt. Co.

(b) Address 2732 Pine Street

19. (a) AUG 7 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1944 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid Hemorrhage of Brain Decline of Brain with He was struck by an automobile which did not stop, belonging to one Floyd Allen around 9:30 PM July 23 1944 in front of 5760 No Bivary safety zone allen

Due to (b)

Due to (c)

Duration

Other conditions (Include pregnancy within 3 months of death) having repossed his automobile

Major findings of operation Noted around 10:25 pm July 23 1944

Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence July 23 1944

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? no (e) Means of injury Auto

23. Signature Thomas F Calloway M.D. (or other)

Address Deputy Coroner Date signed 8-7-44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Joel Russell

Licensed Embalmer No. 4112

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
City of St. Louis

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 6881

On this 15 day of Aug, 1944, before me appears, who, upon oath, states that the original record of death for Edmond Hawkins alias Joe Rose died August-2nd-, 1944, in the State of Missouri, and which was filed at St. Louis, Mo. on August-7-, 1944, should be corrected as follows:

Item No. Item-7 should read May-22-1886
Instead of Unknown

Item No. 8 should read 58 Years-2 Months-10 days
Instead of About-63 Years

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Mrs Hattie Salisbury
Relationship.

4634 McKissock ave
Present Address.

Subscribed and sworn to before me this 15th day of Aug, 1944

My Commission expires 3-11-46

Gilda E. Garner Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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