

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

8597

1. PLACE OF DEATH

County..... Registration District No. 2871
Township..... Primary Registration District No. 10002
City..... St. Louis (City Hospital #2)

File No.....
Registered No. 2267
St..... Ward)

2. FULL NAME

Robert Lawrence

(a) Residence. No. 2125 Walnut St., 27 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-15-1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from 2-7-1929 to 2-15-1929 that I last saw h. i. m. alive on 2-15-1929, and that death occurred, on the date stated above, at 2:01 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 28, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 5 17

Encephalitis lethargica
Cause Unknown (duration) yrs. mos. da.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Baker
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER King Lawrence

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo. (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. E. Birmingham, M. D.
, 19 (Address) 2945 Jawton

12. MAIDEN NAME OF MOTHER Miss Brewer

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo. (STATE OR COUNTRY)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

14. INFORMANT Theresa Woodard (Address) City Hospital #2

Jefferson Barrick Mo 2/20 1929

20. UNDERTAKER

ADDRESS

Williams 3232 Pine

15. FILED 10 12 1929 St. Louis REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

226

