

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

2858

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003B  
 City St. Louis (No. Emancipate City Hosp #1) St. 563 Ward

**2. FULL NAME**

L. Thomas Lawrence  
 (a) Residence, No. 3522 Greenwood Birch, Maplewood Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. 23 How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 8th 1882</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>6</u>
	DAYS <u>27</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Electrician</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>33</u>	
	10. Date deceased last worked at this occupation (month/year) <u>Jan 1929</u>	11. Total time (years) spent in this occupation <u>30.7</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
FATHER	13. NAME <u>Thomas Lawrence</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Yukonville, Ill</u>	
MOTHER	15. MAIDEN NAME <u>Dora Hirschhausen</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Julia Lawrence 1038 Howard Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Pickers</u> DATE <u>April 19 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Wagoner &amp; Co. 3627 Maplewood Street</u>		
20. FILED <u>18 1932</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1932

22. I HEREBY CERTIFY That I attended deceased from No Physician 19... to attended and 19...  
 I last saw h..... alive on ..... 19... Death is said to have occurred on the date stated above, at 1725 St.  
 The principal cause of death and related causes of importance were as follows:  
Shock & injuries (fractured skull crushed chest) struck by train No. Automobile (St. Louis Mo.)  
 Date of onset 2:35  
 Other contributory causes of importance: Accident

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury 1-15 1932  
 Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Struck by train  
 Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify (Signed) J. W. Jones M.D.  
 Address Dep. Coroner

