

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

Do not use this space.

18462

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **3617 Neosho St.**)

File No.....
Registered No. **4721**
St. Ward)

2. FULL NAME

Archie W. Lawrence
(a) Residence, No. **3617 Neosho St.**, **15** Ward.
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 13 - 1879**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
54 4 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Shoe Worker**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **John J. Lawrence**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Martha Vatts**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Lena Lawrence 3617 Neosho St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Paul's Churchyard** DATE **May 29**, 19**33**

19. UNDERTAKER (ADDRESS) **Ziegenfuss Bros. 2643 Chesapeake St.**

20. FILED **J. W. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 25**, 19**33**

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **4:15 P.M.**

The principal cause of death and related causes of importance were as follows:

Poison - Cyanide of Potassium self administered at residence May 25, 1933 Suicide

Other contributory causes of importance:

153 M 163

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **suicide** Date of injury **May 25, 1933**

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 **self administered**

Nature of injury **Potassium Cyanide**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) **Hazelle D. DeWalt**

(Address) **Deputy Registrar**

6/26/33

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.

