

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

Do not use this space.

APR 29 1935

14434

**1. PLACE OF DEATH**

County..... Registration District No.....  
 Township..... Primary Registration District No.....  
 City *St. Louis Mo* (No. *City Hospital #2*)

File No. *3263*  
 Registered No. ....  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... Ward *11*  
 (Usual place of abode) *1912 - Bell grade* (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred *1 1/2* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <i>Male</i>	<b>4. COLOR OR RACE</b> <i>Negro</i>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> <i>Married</i>
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <i>Dec. 26<sup>th</sup> 1868</i>		
<b>7. AGE</b>	<b>YEARS</b> <i>66</i>	<b>MONTHS</b> <i>3</i>
	<b>DAYS</b> <i>9</i>	<b>If LESS than 1 day, .....hrs. or .....min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <i>Janitor</i>	
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>	
	<b>10. Date deceased last worked at this occupation (month and year)</b>	
<b>11. Total time (years) spent in this occupation</b>		
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <i>Missouri</i>		
<b>FATHER</b>	<b>13. NAME</b> <i>Henry Lawrence Sr</i>	
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <i>Va.</i>	
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <i>Nariett - ? (Unknown)</i>	
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <i>Va.</i>	
<b>17. INFORMANT (ADDRESS)</b> <i>July Gendreau 2945 - Lawn Blvd</i>		
<b>18. BURIAL, CREMATION, OR REMOVAL PLACE DATE</b> <i>April 9<sup>th</sup> 1935</i>		
<b>19. UNDERTAKER (ADDRESS)</b> <i>Geo. J. Gies 407 Jimmy Ave</i>		
<b>20. FILED</b> APR - 9 1935 <i>H. B. Bredbeck Registrar</i>		

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *April 5<sup>th</sup> 1935*

**22. I HEREBY CERTIFY, That I attended deceased from** *2 - 20 - 1935*, to *4 - 5 - 1935*  
 I last saw him alive on *4 - 5 - 1935*. Death is said to have occurred on the date stated above, at *7:10 P.* m.  
 The principal cause of death and related causes of importance were as follows:  
*Chronic Myocarditis* Date of onset *3-20-35*

**Other contributory causes of importance:** *Hypertension*

**Name of operation**..... **Date of**.....  
**What test confirmed diagnosis?** *Clinical* **Was there an autopsy?** *No*

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

**24. Was disease or injury in any way related to occupation of deceased?**  
 If so, specify.....  
 (Signed) *Russell Smith* M. D.  
 (Address) *2945 - Lawn Blvd*

WHITE 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.

