

MAY 7 1937

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

Do not use this space.

14840

## 1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis

Registration District No. 791  
1003  
Primary Registration District No. 1  
(No. City Hospital #1)

File No. 4336  
Registered No. 4336  
St. .... Ward)

2. FULL NAME Dennis Lawler

(a) Residence, No. 6744 Nashville Ave. St. 4 Ward. (If nonresident, give city or town and State)

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.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1890

7. AGE YEARS 46 MONTHS 9 DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

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) Illinois

13. NAME John Lawler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Alice Whelan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Nellie Lawler (ADDRESS) 6744 Nashville Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemet. Calvary DATE 4 27 37 19.

19. UNDERTAKER Arthur J. Donnelly (ADDRESS) 3840 Lindell Blvd

20. FILED APR 26 1937 J. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

37

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24th 19

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 11:10 a.m.

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

Haemorrhage due to stab wound in back penetrating lung, suffered in a fight, on April 23rd, 1937, about 11 o'clock p. m., at 6744 (rear) Nashville Ave., as the result of being stabbed with a knife in the hands of one, Harry Weisel.

HOMICIDE.

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? Homicide Date of injury 4/23, 1937  
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. Home

Manner of injury As a result of  
Nature of injury stab wound

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify Joseph M. Quinn, M.D.  
(Address) Deputy Coroner

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.

15-19-243

