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

Do not use this space.

SEP 10 1937

Registration District No. 791
Primary Registration District No. 1003

File No. 29024
Registered No. 7657

1. PLACE OF DEATH

County .....
Township .....
City St. Louis (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Mary Louise Lawton

(a) Residence, No. 5867 Nina Place St., 7 Ward.
(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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	88	8	27	

OCCUPATION

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

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) Ohio

FATHER

13. NAME Unknown Ficke

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Carl S. Lawton
(ADDRESS) 720 S. Price Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory Aug. 14, 1937

19. UNDERTAKER Arthur J. Donnelly Undt. Co.
(ADDRESS) 5840 Lindell Blvd.

20. AUG 13 1937, 19.. J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1937, to Aug. 11, 1937
I last saw h. alive on Aug. 11, 1937. Death is said to have occurred on the date stated above, at 9:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	8/11/37
Other contributory causes of importance:	
Fracture of femur	7/18/37

146a

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? Accident Date of injury 7/18, 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.
In own home
Manner of injury fell to floor
Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Albert E. Taussig, M. D.
(Address) 4500 Olive St.

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.

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

100M-11-33

Coroners Office

Dr. A.E.Taussig
4500 Olive St.