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

DEC 13 1937

Do not use this space. 39311

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Missouri (No. ..... City Sanitarium ..... St. ..... Ward)

File No. .....

Registered No. 10298

2. FULL NAME Lawrence Horrocks

(a) Residence, No. 631 S. Broadway St., 22 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 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1878

7. AGE YEARS About 59 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Samuel Horrocks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

17. INFORMANT (ADDRESS) A A Cook M D 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus Cem DATE Nov. 6th 1937

19. UNDERTAKER (ADDRESS) C. R. Lupton + Sons 4449 Olive St.

20. FILED NOV 5 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4-37, 19

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937 to 11-4-37, 19

I last saw him alive on 11-4-37, 19 Death is said to have occurred on the date stated above, at 6:50 m. A.M.

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

	Date of onset
Cellutitis of leg 11-1-37x	
Other contributory causes of importance:	
Chronic Choleystitis 11-1-37	x
Chronic Cholelithiasis 11-1-37	x
Encephalomalacia 11-1-37x	
Nephrosclerosis 11-1-37x	

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 ....., 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

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

If so, specify .....

(Signed) Arnold A. Cook, M. D.

(Address) 5400 Arsenal St

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