

20 JUN 9 1938

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

16720
Do not use this space.

791
1003

4581

1. PLACE OF DEATH

(a) City Saint Louis (d) Street No. 4288E St. Louis Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred Unavailable (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME A.C. Lawrence 652

(a) Residence, No. 4288E St. Louis Avenue St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1910

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 11 29

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

9. Industry or business in which work was done, as 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) Alexandria Tennessee

13. NAME James Lawrence

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexandria Tennessee

15. MAIDEN NAME Minnie Phillips

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexandria Tennessee

17. INFORMANT (NAME) (ADDRESS) Minnie Lawrence 4288 E. St. Louis Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE May 21, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles J. Bates 4107 Finney Avenue

20. FILED MAY 19 1938 J. B. Biedler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/17, 1938, to May 17, 1938
I last saw him alive on May 17, 1938 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:
Pulmonary embolism 5/7-38

Other contributory causes of importance: Pulmonary Tuberculosis ??

Name of operation None 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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Chas E. Bennett, M. D.
(Address) 4322a Easton Avenue

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

James A. Johnson

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. **3522**

P. O. Address **4107 Finney**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City *Saint Louis* (No.)

Registration District No. *1791*
Primary Registration District No. *1003*

File No. *16720*
Registered No. *45-81*
St. Ward)

2. FULL NAME

(a) Residence, No. St. 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 *m* 4. COLOR OR RACE *negro* 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 11 29

OCCUPATION

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

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

20. UNDERTAKER (ADDRESS)

FILED *2/27/39* *J. F. Brudeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 17 1938*

22. I HEREBY CERTIFY, That I attended deceased from

19... to ... 19...

I last saw him alive on ... 19... Death is said

to have occurred on the date stated above, at ... m.

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

Date of onset

Other contributory causes of importance:

known only as

A.C. did not have

Name of operation *a full given name* Date of

What test confirmed diagnosis? Was there an autopsy?

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) ... M. D.

(Address)

1938
S-16720