

REC'D JUL 12 1938

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

20389
Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... **St. Louis** (d) Street No. **3684 Montana 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 **40** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

KATE LAWLISS
 (a) Residence, No. **3684 Montana Avenue** St. **15** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 23, 1875**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
62 8 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as saw mill, bank, etc. **At Home**
 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) **Bethalto, Illinois**

FATHER 13. NAME **Casper Herl**

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

MOTHER 15. MAIDEN NAME **Elizabeth Kirsh**

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

17. INFORMANT **James A. Lawliss**
 (ADDRESS) **3684 Montana Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cemetery** DATE **June 20, 1938**

19. FUNERAL DIRECTOR **Wm. J. Robert**
 (ADDRESS) **1905 S. Grand Blvd.**

20. FILED **JUN 19 1938**
J.P. Bredbeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/16/38** 19

22. I HEREBY CERTIFY, That I attended deceased from **Jan 15** 1938, to **June 16** 1938.

I last saw him alive on **June 16**, 1938. Death is said to have occurred on the date stated above, at **5:25 pm**

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

Date of onset

Cerebral hemorrhage

Other contributory causes of importance:

Arterio-sclerosis

Name of operation..... 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? **No**

If so, specify..... (Signed) **J.P. Bredbeck**, M. D.

(Address) **3115 So. Grand**

STATEMENT BY LICENSED EMBALMER

I, W. J. Robert, Licensed Embalmer No. 502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed W. J. Robert
Licensed Embalmer No. 502

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