

NOV 16 1938

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

33632

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City Saint Louis (d) Street No. 3947 Russell St. **19**
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **8618****2. PRINT FULL NAME** Elizabeth Lawler

(a) Residence, No. 3947 Russell St. **19**
 (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 Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dont Know

7. AGE YEARS MONTHS DAYS **If LESS than 1 day, hrs. or min.**
abt. 60

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) Carrollton, Illinois

FATHER **13. NAME** Harrington

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

MOTHER **15. MAIDEN NAME** Dont Know

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

17. INFORMANT Eva Lawler
 (ADDRESS) 3947 Russell

18. BURIAL, CREMATION, OR REMOVAL
 PLACE S. Peter's Church DATE Oct. 4 1938

19. FUNERAL DIRECTOR Wm J. Erickson
 (ADDRESS) 1519 South Grand Boulevard

20. FILED OCT 3 1938 J. Predeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Oct 2 - 38 1938

22. I HEREBY CERTIFY, That attended deceased from Oct 2, 1938, to Oct 2 - 38, 1938
 I last saw him alive on Oct 2, 1938. Death is said

to have occurred on the date stated above, at 8 A. m.
 The principal cause of death and related causes of importance were as follows:

inter cerebral hemorrhage
Ch. myocarditis
 Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Et 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?

If so, specify
 (Signed) W. S. Jones M. D.

(Address) 1803 Bellvue

STATEMENT BY LICENSED EMBALMER

I, John Ketter....., Licensed Embalmer No. 2880

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No.

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.)