

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.

DEC 11 1938

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

41056  
Do not use this space.  
Registered No. **10748**

1. PLACE OF DEATH 2

(a) County ..... 1 ..... Registration District No. **791**

(b) Township ..... 1 ..... Primary Registration District No. **1003**

(c) City ..... (d) Street No. **1104 Ohear Ave.** ..... St. **9**

(e) Length of residence in city or town where death occurred **70** yrs. mos. ds. (f) How long in U. S., if of foreign birth **70** yrs. mos. ds.

2. PRINT FULL NAME **Mary Lawler,**

(a) Residence, No. **1104 Ohear Ave.** ..... St. **9** ..... (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) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1853**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**About 85**

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

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) **Ireland**

FATHER 13. NAME **Unknown**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Mrs. Arthur Haverporth**  
(ADDRESS) **1104 Ohear Ave.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Calvary** DATE **12/14/38** 19.

19. FUNERAL DIRECTOR (NAME) **W. A. Stock Und. Co**  
(ADDRESS) **2117 E. Grand Blvd.**

20. FREE **DEC 13 1938** **J. B. Brulek**  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 11. 1938**

22. I HEREBY CERTIFY that I attended deceased from **Nov. 18th** to **Dec 11th** 19**38**

I last saw him alive on **Dec. 11th** 19**38** Death is said to have occurred on the date stated above, at **1 P.** m.

The principal cause of death and related causes of importance were as follows:  
**Apoplexy**  
**Cerebral Haemorrhage**  
**non traumatic**

Date of onset **Dec 8th 1938**

Other contributory causes of importance:  
**Stroke Cerebral Sclerosis**

Name of operation **Huysler** Date of .....  
What test confirmed diagnosis **Huysler** 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 **No**

24. Was disease or injury in any way related to occupation of deceased **No**  
If so, specify .....  
(Signed) **Alfred M. Vogel** M. D.  
(Address) **424 W. Pleasant Ave**

**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, .....

....., or by .....

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

Signed

*Frank A. Moore*

Licensed Embalmer No.

*3041*

P. O. Address

*2117 E. Grand*

**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.)**

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