

REC'D JUN 1 1939

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

16557

Do not use this space.

791
1003

Registered No. 4091

1. PLACE OF DEATH

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

2. PRINT FULL NAME Eleanor Elsie Lawless

- (a) Residence, No. 539 Virginia Ave. St. NR Webster Groves Mo.
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Thomas B. Lawless
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 8 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER 13. NAME John Stutzke

14. BIRTHPLACE (CITY OR TOWN) St. Joseph Mo.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Weiman

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

17. INFORMANT Thomas B. Lawless
(ADDRESS) 539 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter & Paul DATE 5-4 1939

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuary
(ADDRESS) 4228 So. Kingshighway

20. FILED MAY 3 1939 J. B. [Signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1939, to May 1st, 1939

I last saw him/her alive on May 1st, 1939 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:

Gravid uterine infection Date of onset
Hemorrhage + shock
W. W.
Other contributory causes of importance:
pregnancy

Name of operation none Date of
What test confirmed diagnosis? blood 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

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) R. B. Cappel, M. D.
(Address) 3239 [Address]

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X1603

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 *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

P. O. Address.....

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.