7 - 1939

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

REC'D JUL 8 1939

23217
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 2
(b) Township or City ~~Bonhomme~~ 1
(c) Kirkwood,
Registration District No. 784
Primary Registration District No. 106
Registered No. 1031
(d) Street No. 325 Central Pl 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.

76 5 2

2. PRINT FULL NAME 250 Libbie Hull Lawson
(a) Residence, No. 325 Central Pl St. Kirkwood, 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James H. Lawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1861

7. AGE: Years 77 | Months 8 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

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. House work
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) Ohio 1

FATHER
13. NAME Michael R. Hull 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna 1

MOTHER
15. MAIDEN NAME Phoebe J. Feasel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT Ralph K Lawson
(ADDRESS) 325 Central Pl. Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sparta, Wisc DATE 6-10-39, 19

19. FUNERAL DIRECTOR (NAME) Louis H Boyle
(ADDRESS) Kirkwood, Mo.,

20. FILED JUN 7 - 1939, 19 A R Meyer M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1939, to June 7, 1939
I last saw her alive on June 7, 1939 Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial septic poisoning resulting from third degree Electric burns on back	
over	

1939 John C Dowling Coroner

Other contributory causes of importance: Diabetes Mellitus

Name of operation None Date of
What test confirmed diagnosis? Usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ACCIDENT Date of injury 5/14, 1939
Where did injury occur? Kirkwood
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fall on floor
Nature of injury Small bruise → Electric burn good burn

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) F. C. Frank, M. D.
(Address) Paul Brown Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE LEADER, WITH GRADING INKS—THIS IS A PERMANENT RECORD

Coroner's Note

Accidental fall on floor of own home — May 14, 1939.

Electric Heating Pad prescribed, which caused a third degree burn of back due to Electric wire shorting — 5/14/39

Contributing: Diabetes mellitus — 4 yrs.
General septicemia — 5/34/39.

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 Louis H Boff, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis H Boff

Licensed Embalmer No. 921

P. O. Address 131 W. Argonne Kirkwood

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.