

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8785
Registrar's No. 2268

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4043 Hartford St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ethel May Lawler

3. (b) If veteran, name var. None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John T. Lawler 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 20 1889
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas J. Munsey

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary G. Brady

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John T. Lawler

(b) Address 4043 Hartford St.

17. (a) Burial (b) Date thereof 3-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Rieschmeyer Mortuaries

(b) MAR 7 1940 So. Kingshighway

19. (a) _____ (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4043 Hartford St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th
year 1940 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from March 20
1939 to March 5, 1940
that I last saw her alive on March 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Descending Colon, with Generalized metastasis
Due to metastasis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings of operations Carcinoma of Descending bowel & liver metastasis
Of autopsy etc

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury !

23. Signature Royal W. Weir (M. D. or other) _____
Address 1756 So Grand Date signed 3-5-40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#1 Weir
1903 So American
230 - 4

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.