

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: **5565 Goodfellow Ave.**
(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 **Felix P. Lawrence**

3. (b) If veteran, name war **No** 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Leonie Lambert** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **July 4, 1874**
(Month) (Day) (Year)

8. AGE: Years **66** Months **2** Days **5** If less than one day hr. _____ min. _____

9. Birthplace **Lawrenston Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **President of First Federal**

11. Industry or business **Savings and Loan Co.**

12. Name **Henry Lawrence**

13. Birthplace **Sessen, Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Seibert**
(City, town, or county) (State or foreign country)

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leonie Lawrence**
(b) Address **5565 Goodfellow Ave.**

17. (a) **Burial** (b) Date thereof **Sept. 12, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Bromberg & Sons Co.**
(b) Address **4746 W. Florissant Ave.**

19. (a) **SEP 11 1940** (b) **J. P. Redeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5565 Goodfellow**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **9th** year **1940** hour **11** minute **10** P. M.

21. I hereby certify that I attended the deceased from **June 29, 1940** to **Sept 9, 1940** that I last saw him alive on **Sept 19, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **1 day**
Due to **Coronary Arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death) **94%**

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 **N. D. Lawrence** (M. D. or other) **MD**
Address **407 Humboldt Bldg** Date signed **9/10/40**

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

FILED OCT 4 5 1940

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

Guy W Wilkinson

Licensed Embalmer No

3574

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, fact should be so stated above.