

WED FEB 14 1941

Registration District No. 2084

Primary Registration District No. 200

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

1. PLACE OF DEATH: St. Louis
 (a) County St. Louis
 (b) City or town Pine Lawn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Edgewood Nursing Home 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 months
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME METTA D. LAWLER
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex female
 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife James J. Lawler
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 1858
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>7</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace Lisbon, Noble County, Indiana
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name William Worth Dowling
 13. Birthplace Mount Giliad, Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Eunice Augusta Gawthrop
 15. Birthplace Kendallville Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. D. Fay
 (b) Address 5090 Cabanne

17. (a) burial (b) Date thereof 3/5/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander & Sons
 (b) Address 6175 Delmar Blvd.

19. (a) FEB - 5 1941 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5090 Cabanne Ave. 9
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
 year 1941 hour 6 minute 10a M.

21. I hereby certify that I attended the deceased from 10
June, 1940 to 2-3, 1941;
 that I last saw her alive on 2-3, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration 3da

Due to Discolitis 10da

Due to 120a

Other conditions arterio sclerosis 20yr
 (Include pregnancy within 3 months of death)

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?
7078 (Specify type of place)
 (While at work) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
 Address 340 Broun Date signed 2-4-41

384 Alameda
Nov 5:30.

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 Jos. McCulloch
Licensed Embalmer No. 2460

P. O. Address 6175 Pelmar
St. Louis, Mo.

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.