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No. 2  
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X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **5184**  
Registrar's No. **1432**

**FILED MAR 25 1947 91**

**1003**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 26 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1722  
(d) Street No. 1120 S. 10th St.  
(If rural, give location) 9  
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th  
year 1941 hour 8:35 minute P. M.  
21. I hereby certify that I attended the deceased from January  
19. 19 41 to February 12. 19 41  
that I last saw h im alive on February 12. 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute  
filipendul pituitari  
Due to Tuberculosis enteritis  
Due to Pulmonary Tuberculosis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy as above

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 3  
23. Signature R. J. Maxwell (M. D. or other) 3  
Address 1519 Lafayette Avenue Date signed 2/13/41

3. (a) PRINT FULL NAME WILLIAM LAWRENCE

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 27, 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 7 16 hr. \_\_\_\_\_ min.

9. Birthplace Columbus / Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Thomas Lawrence

13. Birthplace \_\_\_\_\_ / Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Clinton

15. Birthplace \_\_\_\_\_ / Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Lawrence

(b) Address 1120 S. 10th St.

17. (a) Removal (b) Date thereof Feb. 13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus, Kentucky

18. (a) Signature of funeral director W. E. Moyall  
(b) Address 1926 Allen Ave.

19. (a) FEB 13 1941 (b) J. H. Bredeck  
(Date received local registrar) (Registrar's signature)

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

**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 Benj. C. Duncan  
Licensed Embalmer No. 2272  
P. O. Address 1926 Allen

**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.**