

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

40331

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

10072

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (c) Name of hospital or institution: Monter Phillips Hosp
 (If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT
FULL NAMEClara Lawson

3. (b) If veteran,

name war.

none

3. (c) Social Security

No. none

4. Sex

Female5. Color or
race Colored6. (a) Single, widowed, married,
divorced Widow

6. (b) Name of husband or wife

✓

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

Dec251877

(Month)

(Day)

(Year)

8. AGE:

Years

63

Months

11

Days

23

If less than one day

hr. _____ min.

9. Birthplace

macon

(City, town, or county)

1 laa.

(State or foreign country)

10. Usual occupation

Housework

11. Industry or business

at home

12. Name

Clara Lawson

13. Birthplace

macon

(City, town, or county)

1 laa.

(State or foreign country)

14. Maiden name

Eliza Lawson

15. Birthplace

macon

(City, town, or county)

1 laa.

(State or foreign country)

16. (a) Informant's own signature

Clara Jones

(b) Address

2835 Franklin Ave

17. (a)

Removal

(Burial, cremation, or removal)

(b) Date thereof

Dec. 30-4

(Month) (Day) (Year)

(c) Place: burial or cremation

East Howard St

18. (a) Signature of funeral director

J. F. Marshall

(b) Address

2205 No. 4th East Howard St

19. (a)

Dec

(Date received local registry)

(b)

J. F. Marshall

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CA
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2835 Franklin
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 20 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
 year 1941 hour _____ 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from December 14,
 19 41 to December 18, 19 41.
 that I last saw her alive on December 18, 19 41,
 and that death occurred on the date and hour stated above.

Immediate cause of death

Hypertensive Heart Disease

Duration

Unk.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 3

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

J. F. Marshall

(M. D. or other)

Address

2205 No. 4th East Howard St

Date signed

12-20-41

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 Lyda Hughes
Licensed Embalmer No. 2938
P. O. Address St Louis

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.