

FILED MAR 17 1942 791

4611
State File No. _____
1858
Registrar's No. _____

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:
4010 Olive St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 Years
years, months or days

3. (a) PRINT FULL NAME Andrew J. Lawlor

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Ida Lawlor 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased April 26th., 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 0 hr. _____ min.

9. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Hotel Mangr.

12. Name Richard Lawlor
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Unknown
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Lawlor
(b) Address 4010 Olive St.

17. (a) Burial (b) Date thereof 3-2-1942
(Burial, cremation, or re-oval) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) Mar 27 1942 (b) J. S. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 19 17 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4010 Olive St. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th.
year 1942 hour 9 minute 30 a. M.

21. I hereby certify that I attended the deceased from 7:26 23-42
to 7:26 26-42 1942
that I last saw him alive on 7:26 26-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 3 days
Duration

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 5 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? _____

While at work? _____ (Specify type of place) (Means of injury)
23. Signature J. S. Bredeck (M. D. or other)
Address 1114 W. 76th St. Date signed 3/27/42
Medlemun

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

12-2-

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 W Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.