

Registration District No. 194

Primary Registration District No. 117

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
108 EAST CEDAR 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 15 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 108 EAST CEDAR AVE.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM HENRY LAWRENCE

3. (b) If veteran, name war No. 3. (c) Social Security No. 497-16-6608

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GERTRUDE CLAYRENCE 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased DECEMBER 30 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace BRADLEYVILLE TANEY CO. MISSOURI
(City, town, or county) (State or foreign county)

10. Usual occupation ASSISTANT TRUST OFFICER

11. Industry or business BANKING

12. Name WILLIAM JACKSON LAWRENCE

13. Birthplace TANEY CO. MISSOURI
(City, town, or county) (State or foreign county)

14. Maiden name SARAH JOHNSON

15. Birthplace WEBSTER, CO. MISSOURI
(City, town, or county) (State or foreign county)

16. (a) Informant Mr. Oliver Gertrude Lawrence

(b) Address 108 EAST CEDAR AVE

17. (a) REMOVAL (b) Date thereof FEB. 22-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CLAREMORE, OKLAHOMA

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES MO.

19. FEB 21 1942 (b) R. O. Shannon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1942 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from one call
Feb 19 1942 to _____ 1942

that I last saw him alive on Feb 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to Over eating and over Exercise
to soon after meal

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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. O. Shannon (Registrar or other)
Address 302 W. Lockwood Date signed 2-20-42

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

6
7
4

96
7
4
more from H. B. Brown

707

MAY 5 1942

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..... *L. G. Aldrich*

Licensed Embalmer No. *13320*

P. O. Address *Webster Groves*

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.