

FILED APR 17 1942
Registration District No. 291

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
460a Dover Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1000
(c) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 460a Dover Place
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William J. F. Lawrence

3. (b) If veteran, name war World War 1 3. (c) Social Security No. 492-05-5283

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

6. (b) Name of husband or wife Margaret Lawrence 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased August 2, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 7 30 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk
Von Hoffmann Printing Co.

11. Industry or business William Lawrence

12. Name William Lawrence
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Reynolds
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Lawrence
(b) Address 460a Dover Place

17. (a) Burial (b) Date thereof 4-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director: Southern Funeral Home
(b) Address 6322 S. Grand Blvd.

19. (a) APR 3 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1942 hour 3:30p. in minute _____ M.

21. I hereby certify that I attended the deceased from Aug 1941
_____ 19 _____ to Apr 4 19 42
that I last saw him alive on Apr 3rd 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Bladder
(Urinary)
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Carcinoma
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)
(c) Means of injury _____
23. Signature William F. Williams (M. D. or other) MD
Address 511 a Wilburton Date signed 4/2/41

Duration

8 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Virgil L. Berryman

Licensed Embalmer No.....

4018

P. O. Address.....

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.