

FILED MAY 28 1942

Registration District No. 2791

Primary Registration District No. 100

Registrar's No. 4391

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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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 Days
(Specify whether)
 In this community... Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis 23 4
(If outside city or town limits, write "RURAL.")
 (d) Street No. 1623 Missouri Ave
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No) 0
 If yes, name country.....

3. (a) PRINT FULL NAME LAWSON, CHARLES
 (b) If veteran, name war NO
 (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18,
 year 1942 hour 12:00 minute..... P..... M.....
 21. I hereby certify that I attended the deceased from May
7, 1942 to May 18, 1942
 that I last saw him alive on May 18, 1942
 and that death occurred on the date and hour stated above.

4. Sex male 0
 5. Color or race white 0
 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 October 30 1941
(Month) (Day) (Year)

Immediate cause of death.....
Tuberculosis
Bronchopneumonia
 Duration Over 5-6 wks
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
~ 6 18 hr. min.
 9. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Requella of apertin...
Of operations
reduced intracranial pressure
Of autopsy none
 Underline the cause to which death should be charged statistically.

10. Usual occupation Infant
 11. Industry or business.....
 MOTHER FATHER {
 12. Name Vingil Lawson
 13. Birthplace Richland Missouri 0
(City, town, or county) (State or foreign country)
 14. Maiden name Marie Fisher
 15. Birthplace O'Fallon, Missouri 0
(City, town, or county) (State or foreign country)

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 Dr. W. Salma (M. D. or other) M.D.
(Date received local registrar) (Registrar's signature) Address 1515 Lafayette Ave. Date signed 5/19/42

16. (a) Informant Vingil Lawson
 (b) Address 1623 Missouri Avenue
 17. (a) Burial (b) Date thereof 5-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Matthews Cemetery
 18. (a) Signature of funeral director A. W. McLaughlin
 (b) Address 2301 Lafayette Ave
 19. (a) MAY 19 1942 (b) J. A. Predeck
(Date received local registrar) (Registrar's signature)

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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 Paul A. Kereth

Licensed Embalmer No. 3612

P. O. Address 2317 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.