

FILED OCT 6 1942

Registration District No. **164**

Primary Registration District No. **109**

Registrar's No. **1907**

**1. PLACE OF DEATH:**  
(a) County St. Louis  
(b) City or town Hanplewood  
(c) Name of hospital or institution: Hanplewood Nursing Home. 4  
(d) Length of stay: In hospital or institution. \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. #5029 Vernon Ave. (If rural, give location) 9  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country 1

**3. (a) PRINT FULL NAME** SARAH L. LAWRENCE.  
(b) If veteran, name war none. (c) Social Security No. none.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Sept. day 12th, year 1942 hour 10:30 minute P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
7. Birth date of deceased: Jan'y, 21, 1866.  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 1942 to Sept 12, 1942  
that I last saw her alive on Aug 15, 1942  
and that death occurred on the date and hour stated above.

**8. AGE:** Years Months Days If less than one day  
76. 7. 21. hr. min.

Immediate cause of death: Thrombosis of Cerebral Vessels  
Due to Postural Ab. Hemiplegia  
Devascularized Anterior Cerebr.  
Due to 18 yrs. senescence

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**10. Usual occupation** At Home.  
**11. Industry or business** \_\_\_\_\_  
**12. Name** Unknown Rosser.  
**13. Birthplace** Unknown.  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Emiline Sain.  
**15. Birthplace** Alabama.  
(City, town, or county) (State or foreign country)

**Major findings:**  
Of operations 838  
Of autopsy \_\_\_\_\_

**16. (a) Informant:** Mrs Zena L. Eisenbeiss.  
(b) Address 7556 Byron Place.  
**17. (a) Cremation.** (b) Date thereof. 9/14/1942.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. Oak Grove Crematory.

**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 \_\_\_\_\_

**18. (a) Signature of funeral director:** C. R. Luntton & Sons  
(b) Address 7233 Delmar Bly'd.  
**19. (a) SEP 14 1942** (b) C. L. M. C. Duran M.D.  
(Date received local registrar) (Registrar's signature)

**23. Signature:** Louis D. Cuthen (M. D. or other) M.D.  
Address 3724 Washington Date signed 9-18-42

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

96  
300

MOTHER FATHER

Dr Louis F. Aitken.  
3720 Washington.  
1:00 - 4:00.  
~~1:00 - 4:00~~  
SE-6113.

**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..... *Clarice A. Murray*.....  
Licensed Embalmer No. *40110*.....  
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.