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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 107

State File No. 34831

Registrar's No. 2206

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis County Hosp. Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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) ~~Life~~

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 2634 Edgar Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Lawson

3. (b) If veteran, name war

3. (c) Social Security No. Well Cold

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mary Lawson Mar 11 1870 (Month) (Day) (Year) 60

8. AGE:	Years	Months	Days	If less than one day
	72	11	13	hr. min.

9. Birthplace 72 7 13 (City, town, or county) St. Louis Mo (State or foreign country) 0

10. Usual occupation Drapery cutter

11. Industry or business Famous Barr Co

FATHER
12. Name James Lawson
13. Birthplace (City, town, or county) Do not know (State or foreign country) 0

MOTHER
14. Maiden name Anna Seaborne
15. Birthplace (City, town, or county) Do not know (State or foreign country) 0

16. (a) Informant
(b) Address Mary Lawson 2634 Edgar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) 10/27/42

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland Overland Mo

19. (a) (Date received by registrar) OCT 24 1942 (b) C. H. McIlhenny (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 year 1942 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....; that I last saw h.... alive on ..... 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Struck by an automobile while a pedestrian on a public highway.

Due to Multiple fractures and abrasions; ruptured right auricle and liver; Hemothorax.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

Duration

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) Accident.

(b) Date of occurrence Oct. 24, 1942

(c) Where did injury occur? Edgar & St. Charles (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? (e) Means of injury

23. Signature Louis H Bapp (M. D. or other)

Address Kirkwood, Mo. 10/24/42 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3478

P. O. Address.....

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.