S. No. 2
DM—5-42
y. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

482

State File No.

Registration District No. FILED FEB 9 1943 18

Primary Registration District No. 1003

Registrar's No. 1032

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Bethesda Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Four Month's (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 4904 Pershing
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Salma Lawson

3. (b) If veteran, name war None

3. (c) Social Security No. Unk.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife Single

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

7. Birth date of deceased December (Month) 1, (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	1	30	hr. min.

9. Birthplace (City, town, or county) Sweden 4 (State or foreign country)

10. Usual occupation House Maid

11. Industry or business

FATHER
12. Name Pete Lawson
13. Birthplace (City, town, or county) Sweden 4 (State or foreign country)

MOTHER
14. Maiden name Lena Lawson
15. Birthplace (City, town, or county) Sweden 4 (State or foreign country)

16. (a) Informant Mathilda Bardgeloff
(b) Address Spencer, Iowa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation Carrollton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.

19. (a) FEB 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan. day 31
year 43 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 9 (Sept 9, 1942, to 1/30/43, 19 ;
that I last saw her alive on 1/30/43, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death APLASTIC ANEMIA	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

(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?
(Specify type of place)

While at work (e) Means of injury

23. Signature Lowell Schlueter (M. D. or other)

Address 462 N. TAYLOR Date signed 2/1/43

(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.....Wilford G Burnley

Licensed Embalmer No.....4202.....

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.