V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3464

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 233

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy Township (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)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 6320 Wells Ave. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Elwyn Lawrence

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harold

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased June (Month) 29 (Day) 1914 (Year)

8. AGE: Years 28 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Birds Point (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Victor Oswall Phillips
13. Birthplace (City, town, or county) Tenn. (State or foreign country) /

MOTHER
14. Maiden name Bettie Kirk
15. Birthplace Wycliff (City, town, or county) Ky. (State or foreign country) /

16. (a) Informant Victor O. Phillips

(b) Address Hopkinsville, Ky. R.R. #6

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis H Bopp Inc

(b) Address Kirkwood, Mo.

19. (a) FEB 1 1943 (Date received local registrar) (b) E. G. McGarrey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1943 hour 12:30 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 on head with hammer in the hands of herhusband, Harold Lawrence.

Due to Multiple scalp lacerations; Depressed skull fracture; brain

Due to contusion; subarachnoid and subdural hemorrhage; Extensive

Other conditions burns of surface and tissues of body. (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.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homocide.

(b) Date of occurrence Jan. 17, 1943

(c) Where did injury occur? 6320 Wells, Wellston (City or town) (County) (State)

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

While at work? (e) Means of injury?

23. Signature Louis H Bopp Coron (M. D. or other)

Address Kirkwood, Mo. 1-28-43 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.....Louis H Bay

Licensed Embalmer No. 221

P. O. Address Kirkwood 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.