

14254

V. S. No. 2  
50M-542  
Rev. 5-17-39  
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19796

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. **5589**

FILED JUN 30 1943 818

1003

Registration District No. .... Primary Registration District No. ....

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**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **3 Days**  
(Specify whether)

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....

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

(d) Street No..... **4199a Manchester Ave.**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Michael Lawton**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or Race **White** 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..... **about 1896**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**about 47** hr. min.

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

10. Usual occupation..... **Laborer**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Unknown** **Sauton**

13. Birthplace..... **Unknown** **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **James Griffin**  
(b) Address..... **4349 Gibson Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **6-19-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Clare St. Sacred Heart**

18. (a) Signature of funeral director..... **Kriegshauser Mortuaries**  
(b) Address..... **4228 So. Kingshighway Blvd.**

19. (a) JUN 18 1943 (Date received local registrar) **J. J. Bradick** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14**, year **1943** hour **8:30** minute **A. M.**

21. I hereby certify that I attended the deceased from **June 12, 1943** to **June 14, 1943** that I last saw him alive on **June 14, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral Thrombosis (at. lenticulostriate artery) Arteriosclerosis**

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy..... **refused**

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?

23. Signature..... **W. J. Madge** (Specify type of place) (e) Means of injury.....  
Address..... **1515 Lafayette Avenue** Date signed..... **6/24/43**

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

**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.....  
.....  
working under my personal supervision.

Registered Apprentice No.....  
Signed *Edwin M Permutt*  
Licensed Embalmer No. *3024*  
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.**