

FILED JUL 24 1943

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(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 Mo. (b) County St. Louis  
(c) City or town St. Louis County  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7626 Natural Bridge Rd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary A. Lawler

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Fem. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced wid.

6. (b) Name of husband or wife Fenton C. Lawler 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 5 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 4 If less than one day \_\_\_\_\_ br. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Patrick O'Connor  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Lavelle  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Fenton Lawler (son)  
(b) Address 6900 Page Ave.

17. (a) Burial (b) Date thereof July 12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M.J. Croghan  
(b) Address 7146 Manchester

19. St. Mary's Hospital (b) C. E. McFarren, M.D.  
(Date signed by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 14 1943 to July 9 1943  
that I last saw him alive on July 9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Acute Peritonitis Duration 2 days  
Due to Ruptured Bowel  
Due to Ca. of Sigmoid  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy as of above  
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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Leo J. Reilly (M. D. or other) \_\_\_\_\_  
Address 805 Ford Blvd Date signed 7-10-43

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

561 41 100  
JUL 17 1943

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**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.....

*J. Allen Davis Jr.*

Licensed Embalmer No..... *17053*

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.**