

FILED AUG 18 1943

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7259**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**City Hospital #1**  
(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)

3. (a) PRINT FULL NAME **George W. Lawrence**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **No.**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Meta** 6. (c) Age of husband or wife if alive **32** years

7. Birth date of deceased **MAY 2 1900**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>43</b>	<b>3</b>	<b>8</b>	.....hr. ....min.

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **CLERK**  
11. Industry or business **Sligo Iron Co.**

MOTHER FATHER

12. Name **James Lawrence**  
13. Birthplace **ST. LOUIS MO.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **JULIA GAULDBING**  
15. Birthplace **ST. LOUIS MO.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Meta Lawrence**

(b) Address **3201-Dix Ave-Overland, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-12-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Fee Fee Cemetery**

18. (a) Signature of funeral director **Baumann Bros.-Inc.**

(b) Address **2504-Woodson Overland**

19. (a) **AUG 12 1943** (Date received local registrar) **J. F. Brueck** (Registrar's signature)

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. **3201-Dix Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **10**  
year **1943** hour **8:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **MAY 19 1943** to **AUGUST 10 1943**  
that I last saw him alive on **AUGUST 10 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Glomerulo-**

Due to **nephritis**

Due to **Bronchopneumonia**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **none**

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 **William G. Park** (M. D. or other)

Address **1515 Lafayette Avenue** Date signed **8/11/43**

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

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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: *W. G. Peterson*  
Licensed Embalmer No. *3167 - City 175*  
P. O. Address *Overland 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.