

No. 2
-2-43
-17-39
X-5

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32551

State File No.

FILED SEP 25 1943 317

Primary Registration District No. 6076

Registrar's No. 2103

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Becker Road Oakville
(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 0500

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

(d) Street No. 5568 Pershing Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME James L. Lawry

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 August 6th, 1878
(Month) (Day) (Year)

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

65	1	11	hr. min.
----	---	----	----------

9. Birthplace Harding Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Real Estate Operator

12. Name Samuel Lawry

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Myra E. Lewis

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

16. (a) Informant Dr. C. C. Lawry

(b) Address Earlville Rt#2 Ill

17. (a) Removal (b) Date thereof 9/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harding Ill

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) SEP 20 1943 (b) E. G. McBaran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 17
year 1943 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from SEPT 16, 1943 to SEPT 17, 1943
that I last saw him alive on SEPT 17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death ANGINA PECTORIS Duration 1 day

Due to ARTERIO SCLEROSIS Several years

Other conditions none

(Include pregnancy within 3 months of death)

Major findings: 948

Of operations _____

Of autopsy none

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 Arven J. Zarnel (M. D. or other) MD
Address 2606 Pershing Date signed 9/20/43

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

1943

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 *Edward J. Beckherl*

Licensed Embalmer No. *2502*

P. O. Address *Clayton 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.