

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

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FILED OCT 23 1943 17

Registration District No. _____

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ellisville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Copley Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Months
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3334 Vista Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Peter R. Lawler

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 Widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 3, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 10 _____ hr. _____ min.

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

10. Usual occupation Plumber

11. Industry or business Retired

12. Name Richard Lawler

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

14. Maiden name Margaret Cullen

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

16. (a) Informant Frank J. Lawler

(b) Address 7133 Cambridge Ave

17. (a) Burial (b) Date thereof Oct 19 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) OCT 19 1943 (b) C. K. Mc Gary, MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day October
year 1943 hour 6:10 minute A. M.

21. I hereby certify that I attended the deceased from June 1, 1943 to Oct 17, 1943
that I last saw him alive on Oct 15, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation
Due to Chronic myocarditis
Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 938
Of autopsy _____

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) (c) Means of injury _____

23. Signature D. H. Shie (M. D. or other) MD
Address Highwood 2nd Date signed 10/19/43

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. E. M. Leslie
209 S. 1st Street
K2A

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 Frank J. Jones
Licensed Embalmer No. 7245
P. O. Address St. Louis 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.