V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39002

State File No.

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 195

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: St. Joseph O Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Five Days (Specify whether

In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 72

(c) City or town St. Charles 3 (If outside city or town limits, write "RURAL")

(d) Street No. 2037 Moore Ave (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Lawler

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife James Golden Lawler

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased December (Month) 25 (Day) 1860 (Year)

8. AGE: Years 82 Months 10 Days 26 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Hughes 1
13. Birthplace (City, town, or county) Ireland 7 (State or foreign country)

MOTHER
14. Maiden name Sarah E. McDonnell
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Jay W. Lawler

(b) Address St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24-1943 (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Borromeo Cem

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co

(b) Address 801 N. Second, St. Charles, Mo.

19. (a) 11/22/1943 (Date received local registrar) (b) Ernst E. Paule (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1943 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from 10/8/41 19 to 11-21-43 that I last saw her alive on 11-21-1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Failure	1 week
Due to Chr. Myocarditis	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. J. [illegible] (M. D. or other)

Address 200 Clay Vt Date signed 11/23/43

1345

(Licensed Embalmer's Statement on Reverse Side)

APR 1 1946

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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.