

BUREAU OF THE CENSUS
FILED NOV 20 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2526

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Res: - 3723 Vista Place
(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 LILLIE HARRIET LAWS

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife E. Clement Laws 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 12 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
69	8	1		hr. min.

9. Birthplace Hamilton County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER
12. Name C. J. Harrelson
13. Birthplace Hamilton County, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Jane Moore
15. Birthplace Hamilton County, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Laws
(b) Address 4505 Overbrook Drive
17. (a) BURIAL 11/16/43, Normandy, Mo.
(Burial, cremation, or removal) (Date) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar St. Louis
19. (a) NOV 15 1943 (b) E. G. Mc Gowan, M. D.
(Date received local burial) (Registrar's signature) J. S.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 3723 Vista Place
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 13
year 1943 hour 5 minute 30 p.m.

21. I hereby certify that I attended the deceased from NOV 12 1943 to NOV 13 1943
that I last saw her alive on Nov 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coma
Due to Uremia

Due to Hemiplegia, Rt. (Cerebral hemorrhage)
Other conditions arterial hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations None
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? _____

23. Signature Howard Steffgen (M. D. or other) 4500 Olive
While at work _____ (Specify type of place) _____
Means of injury _____
Date signed 11/14/43

Duration 2 da
Indef
4 da
Indef
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

4500 Olive
FO 3800
1-3 P.M.

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

Lowell Paul Fenner, Registered Apprentice No. *357*

working under my personal supervision.

Signed *Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *University City - 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.