

FILED DEC 15 1944

Registration District No. 318

Primary Registration District No. 1003

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:
Enroute to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 3 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Hamilton
(c) City or town Cincinnati
(If outside city or town limits, write "RURAL")
(d) Street No. 2620 Handasvde
(If rural, give location)
(e) Citizen of foreign country? Y (Yes or No)
If yes, name country Y

3. (a) PRINT FULL NAME Philip E. Lawwill

3. (b) If veteran, name war World War # 2 3. (c) Social Security No. 269-01-8043

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura S. Lawwill 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased About 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 47 hr. min.

9. Birthplace Unknown Manchester Unknown Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Army Officer

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Coroner's Records

(b) Address St. Louis, Mo.

17. (a) Removal (b) Date thereof 12-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cincinnati, Ohio

18. (a) Signature of funeral director Albert H. Hoppe,

(b) Address 4700 Washington Blvd.

19. (a) 12/1/44 (b) J. B. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound to the chest
and brain all impacted in the
vertebrae of the lumbar vertebrae
of the spine, Cervical # 1 & 2
fracture of the spine, # 8 vertebra
of the lumbar vertebrae
of the spine, and injury to the
stomach, entrance to the
stomach, around 11:00 PM
Nov.
Other conditions 30 1944
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations Hot
Of autopsy Hot

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) Suicide

(b) Date of occurrence Nov 30 1944

(c) Where did injury occur? Starkwood mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Courthouse

While at work? no (Specify type of place) (e) Means of injury suicide

23. Signature Thomas F. Collins (M.D. or other)

Address Coroner Date signed 12-1-44

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

MOTHER FATHER

99
7
NR

10264

10264

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 Albert G. Hopper
Licensed Embalmer No. 2971
P. O. Address.....

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.