

FILED JUN 11 1945

Registration District No. 27

Primary Registration District No. 6076

Registrar's No. 1275

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mos. 6 days
(Specify whether years, months or days)
In this community 33 years

3. (a) PRINT FULL NAME Lawrence DINWIDDIE

3. (b) If veteran, name war World I
3. (c) Social Security No. 500-18-8027

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie Dinwiddie
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March 18 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 13
If less than one day hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business -

MOTHER FATHER { 12. Name Puck Dinwiddie
13. Birthplace McKenzie Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Connie Bowden
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Facility
(b) Address Jefferson Barracks, Mo.
17. (a) burial (b) Date thereof 6-4-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director J.H. Randall, Son
(b) Address 3133 Bell Avenue

19. (a) JUN 5 1945 E.B. McPawson
(Date received local registrar) (Registrar's signature)

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. 3427a Franklin Avenue
(If rural, give location)
(e) Citizen of foreign country? No
(Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1945 hour 10:25 minute A. M.

21. I hereby certify that I attended the deceased from December 25, 1945, to May 31, 1945, that I last saw him alive on May 31, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Syphilitic Heart Disease, Myocardial Damage, Aortic Insufficiency and Myocardial Insufficiency

Duration Unknown

Due to - - - 30e

Other conditions (Include pregnancy within 3 months of death) - -

Major findings: Of operations No operation

Of autopsy No autopsy

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) No
(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 E.V. EDWARDS, Major, M.C. (M, D. or other) Clinical Director
Address Jefferson Barracks, Mo. Date signed 6/1/45

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

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JUN 20 1948

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

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.