

JUN 30 1945

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5412**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1901 1/2 N. 13th St. Bear
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Seven years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nellie Lawrence

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Randolph Lawrence 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 3, 1900
(Month) (Day) (Year)

8. AGE: Years 45 Months 3 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

MOTHER FATHER

12. Name John Robert Brown
13. Birthplace Centaur Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Bloomer
15. Birthplace Wilmington 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. Leatham
(b) Address 1901 1/2 N. 13th St.

17. (a) Burial (b) Date thereof June 23, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Chas. A. Dull
(b) Address 445 1/2 Washington Pl.

19. (a) JUN 21 1945 (b) J. F. Bedeck
(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. 1901 1/2 N. 13th St. Bear
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6-20 day 20
year 1945 hour 2 minute 30 a. m.

21. I hereby certify that I attended the deceased from June 19, 1945, to June 20, 1945; that I last saw her alive on June 19 - 45, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocarditis Duration 2 days

Due to: Chronic Bronchial Asthma 15 yrs

Due to: Bronchectasis + Bronchitis 10 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of 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) _____
(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 J. C. Creane (M. D. or other) M.D.
Address 2604 N. 14th St Date signed 6-21-45

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

20
17
9

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 Ketter

Licensed Embalmer No.

2880

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, above space should be left blank.