

**FILED** MAY 20 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. 1019

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1019

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 Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 4/2/46  
(Specify whether  
In this community 55 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1416 North 22nd Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LAWRENCE, Benjamin

3. (b) If veteran, name war World I 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Idabelle Lawrence 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased December 31 1890  
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 5 If less than one day  
hr. min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Daniel Lawrence

13. Birthplace Unknown (State or foreign country)

14. Maiden name Ellen Smith (State or foreign country)

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

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) burial (b) Date thereof 5-10-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director J. H. Randle & Son Fun.

(b) Address Home St. Louis, Missouri

19. (a) 5-11-46 (b) L. E. Spilwell M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1946 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from 4/2/46 19... to 5/6/46 19...  
that I last saw him alive on May 6 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death TUBERCULOSIS, PULMONARY, Duration  
CHRONIC, FAR ADVANCED, ACTIVE. UNK

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions INTESTINAL TUBERCULOSIS UNK  
(Includes pregnancy within 3 months of death)

WITH TUBERCULAR FISTULA IN ANO

Major findings: Of operations No Operation PHYSICIAN \_\_\_\_\_

Of autopsy No Autopsy 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) \_\_\_\_\_ (Cause of injury)

23. Signature L. E. SPILWELL, M.D. (M. D. or other)

Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 5/6/46

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

16940

76

17  
9  
11

130

AUG 10 1983

**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.....

Licensed Embalmer No. *2698*

P. O. Address *2769 Howard*

**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.**