

FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. 18768

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4375

1. PLACE OF DEATH:

(a) County _____
(b) City or town. Nina Brown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 MOS
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lawrence Oliver

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

4. Sex Male 2. Color or race Negro 6. (a) Single, widowed, married, divorced Wid 2
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years About 35 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Unknown

11. Industry or business _____

MOTHER FATHER { 12. Name Not indicated 9
13. Birthplace " " (City, town, or county) (State or foreign country)
14. Maiden name " " 9
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Hardiman

(b) Address 2601 N Whittier 5-15-46

17. (a) Burial Greenwood (b) Date thereof _____ (Month) (Day) (Year)

(c) Place buried or cremation _____

18. (a) Signature of funeral director _____

(b) Address 2726 E. 1st St

19. (a) MAY 15 1946 (Date received local registrar) J. F. Breach (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oo
(c) City or town St. Louis 22/7
(If outside city or town limits, write "RURAL")
(d) Street No. 2640 Randolph 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1946 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 9 1946 to May 3 1946
that I last saw him alive on May 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death General Paresis Duration Unk

Due to _____

Due to _____

Other conditions None
(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 H. J. Erwin (M. D. or other) B

Address 2601 N Whittier St Date signed 5/6/46

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

Reclaimed from _____

Anatomical Board
Not embalmed

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.....

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.