S. No. 2
0M—2-43
v. 5-17-39
1 X35657

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25457

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5967

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

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. 1012 Chouteau Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lawrence Lee Lasswell
3. (b) If veteran, name war None
3. (c) Social Security No. Unk
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 11, (Day) 1903 (Year)

8. AGE: Years 43 Months 2 Days 8 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Chauffeur
11. Industry or business
FATHER 12. Name Charles Lasswell
13. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Lila Mosby
15. Birthplace Unk. (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Marie Foreman
(b) Address 3100 Lemp Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.
19. (a) JUL 8 1946 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day June year 1946 hour 5 minute 10 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 Subdural Hemorrhage
Due to Same Causing cardiac arrest
Due to Same Could not be determined

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 195
Of autopsy 99

Duration

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? Cem.
While at work? (Specify type of place) (e) Means of injury
23. Signature Robert E. Taylor (M. D. or other)
Address City Date signed 7/4/46

(Licensed Embalmer's Statement on Reverse Side)

NO EMBALM

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 Hoppe

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.