DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34799

FILED OCT 16 1946

State File No.

Registration District No. 317 Primary Registration District No. 4463 Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town Fenton, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 141-12 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Fenton 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 141-12 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Cecelia P. Lawrence

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Homer F. Lawrence

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 27, 1905
(Month) (Day) (Year)

8. AGE: Years 40 Months 11 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Michael Burich
13. Birthplace Austria 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Roth Roffy
15. Birthplace Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Homer F. Lawrence
(b) Address Route 141-12, Fenton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-46
(Month) (Day) (Year)
(c) Place: burial or cremation New Athens, Ill.

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.

19. (a) 12-9-46 (Date received local registrar) (b) Ruth J Allen MCC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~May~~ October day 5
year 1946 hour 5 30 minute P. M.

21. I hereby certify that I attended the deceased from May, 1946, to October, 1946
that I last saw her alive on Oct. 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of cervix	6 months or more
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 48A	

Major findings:
Of operations Carcinoma of cervix
Metastasis to
Of autopsy broad ligament

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature C. J. Vollmer (M. D. or other) MD

Address 83 W Big Bend Webster Groves Date signed 10/7/46

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 29 1948

C J. Vollman
55 W Big Bend

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 J. Wm Buckley

Licensed Embalmer No. 3653

P. O. Address St. Louis. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2B
45
3880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1946

Registration District No. 319

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4463

State File No. Nov.

Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Fenton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Louis

(c) City or town Fenton
(If outside city or town limits, write "RURAL")

(d) Street No. Route 141-12
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Cecelia P. Lawrence

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 27 (Day) 1905 (Year)

8. AGE: Years 40 Months 11 Days 6 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Housewife

FATHER
12. Name Michael Burich
13. Birthplace (City, town, or county) Austria (State or foreign country)

MOTHER
14. Maiden name Anna R. Raffy
15. Birthplace (City, town, or county) Ill (State or foreign country)

16. (a) Informant Mr. Homer F. Lawrence
(b) Address Fenton, MO

17. (a) (Burial, cremation, or removal) (b) Date thereof 10-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation New Athens Ill

18. (a) Signature of funeral director Southern F. Home
(b) Address 6322 S. Broadway

19. (a) 12-9-46 (Date received local registrar) (b) Ruth Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Metastatic to broad ligament
Of autopsy

Duration 16 Mar or more

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) MD

Address [illegible] Date signed

34799