

FILED APR 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3399

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3442a Virginia Ave  
(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)

3. (a) PRINT FULL NAME Catherine Rose Lawler

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph P Lawler 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 22 1883  
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name Thomas O'Donnell 4

13. Birthplace Dublin Ireland (City, town, or county) (State or foreign country) 4

14. Maiden name Mary A Smith (City, town, or county) (State or foreign country) 4

15. Birthplace Dublin Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Joseph P Lawler

(b) Address 3442a Virginia Ave

17. (a) Burial (b) Date thereof 3/31/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Ave

19. (a) MAR 31 1947 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 1917  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3442a Virginia Ave 9  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 6  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28  
year 1947 hour 1:40 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1940 to 3/28, 1947  
that I last saw her alive on 3/29, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Coronary Thrombosis

Due to Myocarditis - Chr.

Due to Arteriosclerosis

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations ✓ 95

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:

(c) 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 B. Shauler (M. D. or other) \_\_\_\_\_

Address 1514 S. Jefferson Date signed 3/29/47

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

OCT 25 1957

APR 19 1957

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 Joe B. Vollmer  
Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave 4

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.