. S. No. 2
OM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22428

FILED JUL #37990 1947 18

Registration District No. 1003

Primary Registration District No.

Registrar's No. 6102

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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

In this community years, months or days)

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. 1435½ N. 20th St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CHARLES L. LAWBAUGH

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Adele

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

7. Birth date of deceased Feb. (Month) 14th (Day) 1875 (Year)

8. AGE: Years 72 Months 4 Days 11 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Charles Lawbaugh
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eleanor Pountain
15. Birthplace Wisconsin (City, town, or county) (State or foreign country)

16. (a) Informant Burel M. Ledbetter

(b) Address 712 Marshall Ave. Webster Groves, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-28-47 (Month) (Day) (Year)

(c) Place: burial or cremation Eldon, Missouri

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JUN 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th year 1947 hour 10:05 minute P M.

21. I hereby certify that I attended the deceased from 6/9/47 19 to June 25th 1947 that I last saw him alive on June 25th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive C-V disease

Due to Uremia

Due to Pyelonephritis, Chr

Other conditions (Include pregnancy within 3 months of death) NON-CALCULOUS

Major findings:
Of operations
Of autopsy As above

Duration

PHYSICIAN

Underline the cause of 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 Albert E. Loch (M. D. or other)

Address 1515 Lafayette Date signed 6/26/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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.