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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29245

FILED SEP 4 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8139

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 3112 Evans
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town St. Louis
(If outside city of town limits, write "RURAL")
(d) Street No. 3112 Evans
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Elizabeth Lawrence
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 1, 1862 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
85	4	22	hr. min.

9. Birthplace Murphysburg (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Laundress
11. Industry or business
FATHER
12. Name Wade Sims
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Cecelia Bennett
(b) Address 3112 Evans Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director C. J. Nash
(b) Address 3847 Page Boul.
19. (a) AUG 27 1947 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August 23 day 23, year 1947 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from May 1947, 19..., to Aug 23 1947, 19..., that I last saw he alive on Aug 23 1947, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis — Duration
Due to Infirmities of
Due to old age
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 L. B. Howell (M. D. or other)
Address 290 Yardell Date signed 8-28-47

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 Claudia M. Nash Registered Apprentice No. 424 working under my personal supervision.

Signed C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.