

1. No. 2
-1/47
5-17-39

39884

FEDERAL BUREAU OF INVESTIGATION

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED NOV 28 1947

Registrar's No. 10613

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County..... St. Louis

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

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

(d) Length of stay: In hospital or institution..... 4 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis 96

(c) City or town..... Vinita Park 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8017 Ellerton Ave
(If rural, give location) no 0

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

If yes, name country.....

3. (a) PRINT FULL NAME..... Claude B. Lawrence

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... November day 15
year 1947 hour 11 minute 00 p. M.

21. I hereby certify that I attended the deceased from Nov-8th-
Nov-8th 1947 to Nov-15th-1947
that I last saw him alive on Nov-15th-1947
and that death occurred on the date and hour stated above.

4. Sex..... male 5. Color or race..... White 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife..... Catherine Age of husband or wife if alive..... years

7. Birth date of deceased..... November 8 1878
(Month) (Day) (Year)

Immediate cause of death.....
Cerebral apoplexy Rt.
Hemiplegia left
Chro- Hypertension

Due to..... Yrs.

Chro- arterio sclerosis Yrs.

8. AGE: Years Months Days If less than one day

69	0	7	hr. min.
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Other conditions..... (Include pregnancy within 3 months of death) 83 a

Major findings: No. Of operations.....

Of autopsy..... No.

PHYSICIAN..... Underline the cause of which death should be charged statistically.

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

10. Usual occupation..... Retired Auto Mechanic

11. Industry or business.....

12. Name..... Charles C. Lawrence Mo.

13. Birthplace..... Susan I. Woods (State or foreign country)

14. Maiden name..... Susan I. Woods Mo.

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

16. (a) Informant..... Erwin Lawrence
(b) Address..... 8017 Ellerton Ave

17. (a) Burial (burial, cremation, or removal) (b) Date thereof: 11-19-47
(Month) (Day) (Year)

(c) Place: burial or cremation..... Oak Grove Cemetery

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?..... Means of injury.....

23. Signature..... J. F. Brebeck (M. D. or other) 0
Address..... 3734-Jennings Road Date signed 11-17-1947

18. (a) Signature of funeral director..... Math. Hermann & Son
(b) Address..... 2161 E. Main Ave.

19. (a) NOV 18 1947 (Date received local registrar) (b) J. F. Brebeck (Registrar's Signature)

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

MOTHER FATHER

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

Gustav W. Auctub

Licensed Embalmer No.

4329

P. O. Address.....

St. Louis, Mo

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.