S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

39883

State File No.

FILED DEC 15 1947

Registration District No. 318

Primary Registration District No. 100

Registrar's No. 11041

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Luke's 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 0 00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6 1524 North Euclid Avenue 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Edith E. Lawrence

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife James E. Lawrence

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

7. Birth date of deceased Jan. 17th 1907
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
40	10	13	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Hanrahan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Stone
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. James E. Lawrence-husband
(b) Address 1524 North Euclid Avd.

17. (a) burial (b) Date thereof 12-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers.
(b) Address 2849 North Euclid Avenue.

19. (a) DEC 2 - 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th
year 1947 hour 10:30 P.M. minute M.

21. I hereby certify that I attended the deceased from Nov. 15th 1947 to Nov. 30 1947
that I last saw her alive on Nov 30 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ovary

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 3 Mo

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 [signature] (M. D. or other)

Address 507 N. Grand Blvd. Date signed 12/1/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. Heidemann
508 No Grand
Ne 7878

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 Robert L. Brinkman

Licensed Embalmer No. 3563

P. O. Address .....

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.