. S. No. 2
OM—1/47
ev. 5-17-39

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. 43241

FILED DEC 31 1947

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 11506

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: 2706 EADS AV.
(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 Mo (b) County 000

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

(d) Street No. 2706 EADS AV. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EDITH MAE LAWS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FE /

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JAN (Month) 23 (Day) 1905 (Year)

8. AGE: Years 42 Months 10 Days 22 If less than one day hr. min.

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

10. Usual occupation SHOE WORKER

11. Industry or business INTERNATL SHOE CO

FATHER
12. Name EDWARD LAWS.
13. Birthplace (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name CARRIE E. OLIVER.
15. Birthplace (City, town, or county) MO. (State or foreign country)

16. (a) Informant Mrs. Carrie E. Laws
(b) Address 2706 Eads av

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof Dec 17-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ SUN SET BURIAL PK

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av.

19. (a) DEC 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1947 hour 2 minute 30 A M.

21. I hereby certify that I attended the deceased from 7/1/47 to 12/15 1947, to 19
that I last saw her alive on 12/15/47 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute endo Carditis	6 mos
Due to	
Due to	
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

Signature L. R. Wentzel (M. D. or other) M.D.

Address 2726 Chantier Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) L.R.Wentzel

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 Jos 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.