No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2765

Registration District No. FILED FEB 9 1948 318

Primary Registration District No. 1003

Registrar's No. 879

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

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: Peoples Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community About 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4449 West Belle Avenue 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 11
If yes, name country

3. (a) PRINT FULL NAME Jennie Irene Lawson
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edgar Lawson
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased December (Month) 24 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	1	0	hr. min.

9. Birthplace Nashville, Tennessee
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Turner Garland
13. Birthplace Nashville, Tennessee
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eliza Unknown
15. Birthplace Nashville, Tennessee
(City, town, or county) (State or foreign country)
16. (a) Informant Edgar Lawson
(b) Address 4449 West Belle Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue
19. (a) JAN 29 1948 (Date received in registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1948 hour 9 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 19, 1948, to Jan 24, 1948
that I last saw her alive on Jan 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Accident

Due to Hypertention

Due to 83

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 0
23. Signature R. Haskell (M. D. or other)
Address 4270a West Finney Date signed

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 Guy A. SHELTON Registered Apprentice No. 3, working under my personal supervision.

Signed Thomas Shelton

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.