

FILED FEB 23 1948

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 1559

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:
3119 A. Magazine St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 5 years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 0-0-1
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3119 A. Magazine St.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3: (a) PRINT FULL NAME Celastin Lawrence
 3. (b) If veteran, name war no
 3. (c) Social Security No. 427-12-3584

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 11 th
 year 1948 hour 4:00 minute P. M.
 21. I hereby certify that I attended the deceased from 9-10-1946
 to 2-10-1948, 1948
 that I last saw him alive on 2-10-1948
 and that death occurred on the date and hour stated above.

4. Sex Male 2 5. Color or race Col.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ellen Lawrence
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased Aug, 22, 1882
(Month) (Day) (Year)

Immediate cause of death Hemiplegia
 Due to Hypertension
 Due to 80
 Other conditions 80
(Include pregnancy within 3 months of death)

8. AGE: Years 65 Months 5 Days 19
 If less than one day hr. min.

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
Underline the cause to which death should be charged statistically.

9. Birthplace Muncie, Ia.
(City, town, or county) (State or foreign country)
 10. Usual occupation Laborer

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?
 While at work?..... (Specify type of place)
 (e) Means of injury.....

MOTHER FATHER
 11. Industry or business.....
 12. Name Jewett Lawrence
 13. Birthplace Muncie, Ia.
(City, town, or county) (State or foreign country)
 14. Maiden name Rose ?
 15. Birthplace Muncie, Ia.
(City, town, or county) (State or foreign country)

16. (a) Informant Ellen Lawrence
 (b) Address 3119 A. Magazine St.
 17. (a) Burial (b) Date thereof Feb, 17, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood Cemetery

23. Signature J.W. Wellborn (M. D. or other)
 Address 3800 W. Franchise Date signed 2/12/48

18. (a) Signature of funeral director Wright's Funeral Home
 (b) Address 3100 Easton Ave.
 19. (a) FEB 16 1948 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

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

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 Arthur L. Hellgard
Licensed Embalmer No. Arthur 1422
P. O. Address 1154 Bayard Ave

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.