No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10391

FILED APR 7 1948

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 2890

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 2650 Accomac Ave. 1
(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 110

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

(d) Street No. Waterloo Illinois 9
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Jess Lawson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased March 25, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	11	28	hr. min.

9. Birthplace Chamois (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Truck farmer

11. Industry or business

FATHER
12. Name Jordan Lawson
13. Birthplace South Carolina (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Susan Reed
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Catherine Keeney
(b) Address 2650a Accomac Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/1948 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cem.

18. (a) Signature of funeral director Wm. Schumacher
(b) Address 3013 Meramec St.

19. (a) MAR 24 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1948 hour 12:16 minute A. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Sclerosis

Due to 94

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 3

23. Signature Patrick E Taylor (M.D. or other) Dep Car

Address 1300 Clark Date signed 3-24-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 21 1948

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 Francis Hillamon

Licensed Embalmer No. 3565

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.