FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21074

Registration District No. 318 Primary Registration District No. 1093 Registrar's No. 5654

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: St. Mary's Infirmary O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town Centreville Township
(If outside city or town limits, write "RURAL")
(d) Street No. 505 South 42nd Street (If rural, give location)
R.R.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

999 11 02

3. (a) PRINT FULL NAME WILLIE LAWARY
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife GURDIE LAWARY
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Sept. (Month) 15 (Day) 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
48	9	7	hr. min.

9. Birthplace Starksville (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Shakeout man
11. Industry or business East St. Louis Casting Co.
FATHER
12. Name Will Lawary
13. Birthplace Starksville (City, town, or county) Miss. (State or foreign country)
MOTHER
14. Maiden name Sallie Bell
15. Birthplace Starksville (City, town, or county) Miss. (State or foreign country)
16. (a) Informant Gurdie Lawary
(b) Address 505 South 42nd St., Centreville, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 23 1948 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill.
18. (a) Signature of funeral director J. Lefanchell
(b) Address 2205 Mo. Ave., E. St. Louis, Ill.
19. (a) JUN 23 1948 (Date received by registrar) (b) J. F. Bradford (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 22 year 1948 hour 10:40 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.

	Duration
Immediate cause of death Broncho Pneumonia.	
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 (M. D. or other)
Address Date signed 6/14/48

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

WRITE PLAINLY—USING INK

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 Me

..... Registered Apprentice No.....

working under my personal supervision.

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St Louis Ills

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.