

#86875

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUN 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21076

Primary Registration District No. 1003

Registrar's No. 5589

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days Memorial 20
 (Specify whether _____)
 In this community Life
 years, months or days

3. (a) PRINT FULL NAME

ELLA LAWRENCE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2
 6. (b) Name of husband or wife Edward F. Lawrence 6. (c) Age of husband or wife if alive Deceased
 7. Birth date of deceased December 10th, 1867
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 10 hr. min.

9. Birthplace St. Louis, Missouri.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Francis McKay

13. Birthplace Ireland
 (City, town, or county) (State or foreign country)

14. Maiden name Jane McGuire

15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant Frank Lawrence

(b) Address 1918 Benton St.,

17. (a) Burial (b) Date thereof June 23rd, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Brookland and Co

(b) Address 1827 Hogan St.,

19. (a) June 1 1948 (b) J. F. Brudack
 (Date received local registrar) (Registrar's signature)

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") 9
 (d) Street No. 1810a N. 23rd St.,
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th
 year 1948 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6/16/48
 _____, 19____, to June 20th, 19____
June 20th, 19____
 that I last saw h er alive on _____
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 3 yrs
 Duration _____

Due to Uremia

Due to Emphysema

Other condition _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy Same

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (c) Means of Injury _____

23. Signature Joseph P. Alden 1715 Lafayette 6/21/48
 Address _____ Date signed _____

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 Gustave Dieterle

Licensed Embalmer No. 4329

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.