

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24924

State File No. _____

1838

FILED AUG 13 1948

Registration District No. _____

Primary Registration District No. 3069

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether Life)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2014 E. Alice Ave
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maureen Belle Lawler

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1948 hour 12 minute 45 a.m.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased January 31 1947
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 25 1948 to July 29 1948
that I last saw her or alive on July 29 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

1	5	30	_____ hr. _____ min.
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Immediate cause of death Pneumonia
Celiac Disease

Due to _____

Duration 1 week

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

10. Usual occupation none

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

Due to 107

11. Industry or business _____

12. Name John Lawler

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

14. Maiden name Elizabeth Hayes

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John Lawler

(b) Address 2014 E. Alice Ave

17. (a) Burial (b) Date thereof 8-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.

(b) Address 2161 E. Fair Ave

19. (a) 7-31-48 (b) Reinold Sharp
(Date received local registrar) (Registrar's signature)

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? Jackson MO
(Specify type of place) (e) 107 of injury

23. Signature 684 N. Main (M. D. or other) _____
Address _____ Date signed 7/31/48

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 W. J. G. Bunsley

Licensed Embalmer No. 4222

P. O. Address Albany, N.Y.

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.