

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3519**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 307D Registrar's No. _____

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis County | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY - St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves | |
| c. LENGTH OF STAY (in this place) 67 yrs. | | d. STREET ADDRESS (If rural, give location) 365 So. Maple | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 365 So. Maple | | d. STREET ADDRESS 365 So. Maple | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Louisa b. (Middle) C. c. (Last) Lawrence | | | 4. DATE OF DEATH (Month) (Day) (Year) January 23, 1949 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Oct. 18, 1859 |
| 9. AGE (In years last birthday) 89 | | IF UNDER 1 YEAR: Months 3 Days 5 | IF UNDER 24 HRS. Hours 5 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY Household | 11. BIRTHPLACE (State or foreign country) St. Genevieve County, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME Barton C. Cox | |
| 13b. MOTHER'S MAIDEN NAME Catherine Brown | | 14. NAME OF HUSBAND OR WIFE Henry B. Lawrence | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Catherine Gotsch ADDRESS 365 So. Maple |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branch Pneumonia ANTECEDENT CAUSES Acute Chronic Myocarditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) arteriosclerosis | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 930 | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00A m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Madeline J. ... (Degree or title) | | 23b. ADDRESS 506 Olive St. | 23c. DATE SIGNED 1-24-49 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Jan. 26, 1949 | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. |
| DATE REC'D BY LOCAL REG. 1-24-49 | REGISTRAR'S SIGNATURE Therid ... | 25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN FUNERAL HOME, INC., 1936 St. L. Ave. ADDRESS | |

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

42

Dr. Martin Glaser
506 Olive Street
11 - 3

AGG 2 1936

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Walter Paulson*

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis 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.