

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6391

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>1283</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>RAE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>47 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> <u>17</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1717 Biddle St</u> <u>10</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Lawson</u> c. (Last) <u>Lawson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>alt-1880 69</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>		11. BIRTHPLACE (State or foreign country) <u>La Va</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Rail Road</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Wa BASH</u>		12. CITIZEN OF WHAT COUNTRY? <u>La Va</u>	
13a. FATHER'S NAME <u>Henry Lawson</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Young</u>			14. NAME OF HUSBAND OR WIFE <u>Lula Lawson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>486-30-8188</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lula Lawson 1717 Biddle</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u>  DUE TO (c) <u>  </u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR?	
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"/>					
22. I hereby certify that I attended the deceased from <u>1-7</u> , 19 <u>49</u> , to <u>2-24</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-24</u> , 19 <u>49</u> , and that death occurred at <u>  </u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John O Birnbaum M.D.</u>				23b. ADDRESS <u>2601 W. White</u>		23c. DATE SIGNED <u>2/25/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo. MO</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>FEB 25 1949</u>		25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <u>J. P. Lavater</u>		<u>Waverly Beson Biddle St</u>			

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

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 Leroy W. Bannister  
Licensed Embalmer No. 48-23  
P. O. Address 3880 Easton 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.