

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

FILED APR 2 1949

STANDARD CERTIFICATE OF DEATH

10945

State File No. 3069 Registrar's No. 345

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY Richmond Heights c. LENGTH OF STAY U d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

2. USUAL RESIDENCE a. STATE Missouri b. COUNTY St. Louis c. CITY Clayton d. STREET ADDRESS 7622 Walinka Terrace

3. NAME OF DECEASED a. (First) CHARLOTTE b. (Middle) BURNETT c. (Last) LAWRENCE 4. DATE OF DEATH (Month) (Day) (Year) 3 4 49

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED widowed 8. DATE OF BIRTH October 29, 1868 9. AGE (In years last birthday) 80

10a. USUAL OCCUPATION 10b. KIND OF BUSINESS OR INDUSTRY at home 11. BIRTHPLACE Richmond, Kentucky 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jeremiah Burnett 13b. MOTHER'S MAIDEN NAME Charlotte Baker 14. NAME OF HUSBAND OR WIFE Charles Barton Lawrence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. J. T. Lester, Clayton, Missouri ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma of right buccal metastases to mandible & tongue. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 144K DUE TO (c) 45

19a. DATE OF OPERATION 3-4-49 19b. MAJOR FINDINGS OF OPERATION Right mandible, floor of mouth base of tongue involved 20. AUTOPSY? YES NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 3-24-1948 to 3-4-1949, that I last saw the deceased alive on 3-4-1949, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE Charles Sherwin M.D. (Degree or title) 23b. ADDRESS 3728 Washington St. Louis Mo. 35-49 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL cremation 24b. DATE 3-7-49 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory 24d. LOCATION St. Louis County, Missouri

DATE REC'D BY LOCAL REG. 3-7-49 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons, University City, Mo. ADDRESS

3-1
1749-3864
11/11/11

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.