

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11331
 State File No.

BIRTH NO. _____		RES. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 770	
1. PLACE OF DEATH a. COUNTY St. Louis				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 Clayton		c. LENGTH OF STAY (in this place) YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Olivette		4370	
d. FULL NAME OF HOSPITAL OR INSTITUTION 609-30-Warson Road				d. STREET ADDRESS (If rural, give location) 9700-Old Bonhomme Road			
3. NAME OF DECEASED (Type or Print) a. (First) Lavinia b. (Middle) Caesar c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Mar. 22, 1950				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 25, 1902	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Malrose, Mo.		12. CITIZEN OF WHAT COUNTRY? U.SIA	
13a. FATHER'S NAME William H. Lenz		13b. MOTHER'S MAIDEN NAME Anna B. Mueller		14. NAME OF HUSBAND OR WIFE Walter H. Caesar			
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 ADDRESS Walter H. Caesar 9700-Old Bonhomme Clayton			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) self-inflicted gunshot wound of head ANTECEDENT CAUSES head <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		776X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ladue St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3. 22 50 A.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot self with .22 cal. shotgun			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ronald J. Willmann Coroner 3				23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 3/24/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-25-1950		24c. NAME OF CEMETERY OR CREMATORY St. Pauls Ev. Cemetery		24d. LOCATION (City, town, or county) (State) Olivette, Mo.	
DATE RECD BY LOCAL HEALTH DEPT. MAR 24 1950		REGISTRAR'S SIGNATURE Herbert P. Blomke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Blumman Bros. Inc. 2501-Woodson Rd-Ovland-11-Mo.			

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

400

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 3454

working under my personal supervision.

Student Embalmer No.

Signed

David C. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland 14, 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.