

FILED JUN 29 1950
Hansel
J.C.C.W.

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

1003

State File No. 21730
5305
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2229		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>222 115 S Remount 0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vola</u>			b. (Middle) _____			c. (Last) <u>Lawrence</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>June 14 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>2-C olored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		
8. DATE OF BIRTH <u>Nov. 12, 1912</u>		9. AGE (in years last birthday) <u>37</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>2</u>		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Independent Pak. Co</u>		11. BIRTHPLACE (State or foreign country) <u>Starksville, Mississippi /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Solomon Lawrence</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Johnson</u>			14. NAME OF HUSBAND OR WIFE <u>Annie Lawrence</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>115 D Street</u> <u>X Bernice Lawrence Alcorn</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of the Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</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) _____						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>58 ft. 0</u>				
22. I hereby certify that I attended the deceased from <u>6-1 1950</u> , to <u>6-14 1950</u> , that I last saw the deceased alive on <u>6-14 1950</u> , and that death occurred at <u>3:30p</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Theresa J. Redrich, M.D.</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>June 15, 1950</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 22, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wiggs Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Starksville, Mississippi</u>		
DATE REC'D BY LOCAL REG. <u>JUN 17 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Koonce</u>			
					ADDRESS <u>1221 N. Grand Blvd.</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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Clement Brown

Signed.....
Student Embalmer

Licensed Embalmer No. 4758

P. O. Address _____

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.