

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35033**

BIRTH NO. _____

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **8524**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2169
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital			e. STREET ADDRESS (If rural, give location) 3889 Hartford St.		
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR		b. (Middle) W.	c. (Last) LAWSON		4. DATE OF DEATH (Month) (Day) (Year) Oct. 8 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH Jan. 2, 1879	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laboratory Technician		10b. KIND OF BUSINESS OR INDUSTRY Ill-Paveley Dairy Co.	11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME George H. Lawson		13b. MOTHER'S MAIDEN NAME Eliza Howard	14. NAME OF HUSBAND OR WIFE Mary E. Lawson		
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. 494-07-2906a	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary E. Lawson 3889 Hartford St.			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES DUE TO (b) Hypertension				?
	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 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 10:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from Oct. 4, 1950 , to Oct. 8, 1950 , that I last saw the deceased alive on Oct. 8, 1950 , and that death occurred at 2:38 A. m. , from the causes and on the date stated above.					
23a. SIGNATURE E. W. Withler		(Degree or title) M.D.	23b. ADDRESS 4145 a S. Gtand		23c. DATE SIGNED 10/9/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 10, 1950	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		
DATE REC'D BY LOCAL REG. Oct 9 1950	REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.		

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Student Embalmer

Signed

William B. White

Licensed Embalmer No. *4291*

P. O. Address *4228 So Kingshighway*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact, should be so, stated above.