

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38736  
Registrar's No. 9426

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION 4110 Fairgrounds Pl.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
d. STREET ADDRESS (If rural, give location) 4110 Fairgrounds Pl.

3. NAME OF DECEASED  
a. (First) Nellie b. (Middle) \_\_\_\_\_ c. (Last) Lawler

4. DATE OF DEATH (Month) (Day) (Year)  
Nov. 5, 1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH July 22, 1879

9. AGE (In years last birthday) 71  
IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 1 HR. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Cleaning Lady

11. BIRTHPLACE (State or foreign country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME James Callanan

13b. MOTHER'S MAIDEN NAME Mary Barry

14. NAME OF HUSBAND OR WIFE John Lawler

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. 498-05-5485

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Marybelle Hardy, 4110 Fairgrounds Pl.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic Endocarditis and Myocarditis  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
4 yrs.

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK?  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR H21, 4

22. I hereby certify that I attended the deceased from July, 1946, to Nov 5, 1950, that I last saw the deceased alive on Nov 4, 1950, and that death occurred at 7:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE J. P. Lasater (Degree or title)

23b. ADDRESS 2807 N. Grand St.

23c. DATE SIGNED Nov 6-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-9-50

24c. NAME OF CEMETERY OR CREMATORY Calvary

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. NOV 6 1950

REGISTRAR'S SIGNATURE J. P. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.

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

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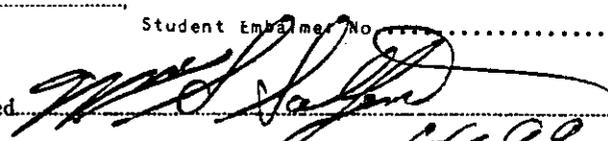
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me or by me

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....



Signed.....  
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St Charles, 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.