

STANDARD CERTIFICATE OF DEATH

State File No. **10331**
Registrar's No. **2576**

FILED MAR 29 1951

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2576	
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		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS. Hospital				d. STREET ADDRESS (If rural, give location) 3511 CAROLINE			
3. NAME OF DECEASED (Type or Print)		a. (First) THOMAS		b. (Middle) J.		c. (Last) LAWLER	
5. SEX M. D.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH SEPT-23-1892	
9. AGE (In years last birthday) 58 YR.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk		10b. KIND OF BUSINESS OR INDUSTRY Grant Co.		11. BIRTHPLACE (State or foreign country) Mo. D	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John LAWLER		13b. MOTHER'S MAIDEN NAME MARY ANN COSTELLO		14. NAME OF HUSBAND OR WIFE MAE LAWLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mae Lawler 3511 Caroline 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Strangulated Inguinal DUE TO (c) Perforia				INTERVAL BETWEEN ONSET AND DEATH 2 day 5 day	
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) 5610		21d. HOW DID INJURY OCCUR? 5610	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 3-16 , 19 51 , and that death occurred at 4:30 PM. , from the causes and on the date stated above.			
23a. SIGNATURE J. B. Lanster MO D		(Degree or title)		23b. ADDRESS 5600 S Compton		23c. DATE SIGNED 3/19/51	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE MARCH-20-51		24c. NAME OF CEMETERY OR CREMATORY CALVARY Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 19 1951 J. B. Lanster		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schurer		ADDRESS 3125 Lafayette Ave			

(Licensed Embalmer's Statement of Reverse Side)

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 _____

Joe Bollman

Licensed Embalmer No. 4014

Signed.....

Student Embalmer

P. O. Address 3125 Lakewood

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.