

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10334
State File No. 2022
Registrar's No. 1003

REG. DIST. NO. 318

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		d. STREET ADDRESS 2126, Randolph	
3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) c. (Last) Lawson			4. DATE OF DEATH (Month) (Day) (Year) 2- 28th 1951
5. SEX Female 3	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH September 6, 1876
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 5 Days 22	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Domestics	11. BIRTHPLACE (State or foreign country) La.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME Edward Ward
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		ADDRESS 2909 LACLEED Ave.	
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DUE TO (b) Cerebral Apoplexy <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 32 HX	
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 4:00 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Walter Perry Deputy Coroner		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 3/2/51
24a. BURIAL / CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-3-1951	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	24d. LOCATION (City, town, or county) (State) ST. Louis. Missouri
DATE REC'D BY LOCAL REG. MAR 2 1951	REGISTRAR'S SIGNATURE J. B. Lanater	25. FUNERAL DIRECTOR'S SIGNATURE P. W. Williams	
		ADDRESS 2700 Thomas Street	

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

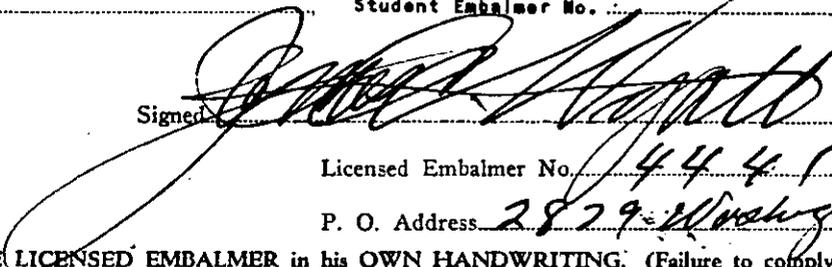
STATEMENT BY LICENSED EMBALMER

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. _____

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.