

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24865
State File No. 6821

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 week		c. CITY OR TOWN St. Louis		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital				STREET ADDRESS (If rural, give location) 3611 So. Jefferson Avenue			
3. NAME OF DECEASED (Type or Print) LAWRENCE		a. (First) F.		b. (Middle) F.		c. (Last) KLEIN	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		4. DATE OF DEATH (Month) (Day) (Year) July 28, 1951	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Fox Mfg. Co.		8. DATE OF BIRTH July 3, 1894		9. AGE (In years last birthday) 57 IF UNDER 1 YEAR: Months 0 Days 25 IF UNDER 24 HRS. Hours 0 Min. _____	
11. BIRTHPLACE (State or foreign country) Quincy Illinois				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Nellie			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. WW #1		17. INFORMANT'S SIGNATURE OR NAME Nellie Klein ADDRESS 3611 So. Jefferson Avenue			
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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the rectum DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 3 1/2 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION operated at Alexian Brother's hospital March 28 / Resection and Colostomy				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? 154X					
22. I hereby certify that I attended the deceased from April , 1951, to July 28 , 1951, that I last saw the deceased alive on July 28 , 1951, and that death occurred at 9:50 m., from the causes and on the date stated above.							
23a. SIGNATURE Maximilian Weitman M.D. (Degree or title)				23b. ADDRESS 3530 ARSENAL, St. Louis		23c. DATE SIGNED 7-28-51	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 7-31-51		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jeff. Bks. Mo.	
DATE REC'D BY LOCAL REG. Aug 3 1951		REGISTRAR'S SIGNATURE J. E. Luster		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin ADDRESS 2501 Lafayette Avenue			

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

Wm

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.....

H. J. Farris

Signed.....
Student Embalmer

Licensed Embalmer No. *3384*

P. O. Address *2301 Lafayette*

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.