

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1952

State File No. **43121**
11745

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's 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 town or township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 1508 R. Montgomery St		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1508 R. Montgomery St				
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) A		c. (Last) Lawson
4. DATE OF DEATH (Month) (Day) (Year) 12 31 51				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 10-1869	9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME Sterling Lawson		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Lucy 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. no	17. INFORMANT'S SIGNATURE OR NAME Hiley Lawson ADDRESS 1508 Montgomery 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) Cancer ascending colon 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 19 months
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 153X		
22. I hereby certify that I attended the deceased from Nov. 13, 1951 , to Nov. 24, 1951 ; that I last saw the deceased alive on 11-24, 1951 , and that death occurred at 5:15 PM from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) J. P. Creamer M.D.		23b. ADDRESS 2504 N. 17th St		23c. DATE SIGNED 1-2-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-2-1952	24c. NAME OF CEMETERY OR CREMATORY Clay Cemetery	24d. LOCATION (City, town, or county) (State) Frank Clay Missouri	
DATE REC'D BY LOCAL REG. JAN 2 1952	REGISTRAR'S SIGNATURE J. P. Creamer	25. FUNERAL DIRECTOR'S SIGNATURE Leidner U. ADDRESS 2223 St. Louis Ave.		

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.....
Student Embalmer.

Signed

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address *2223 So. Lewis*

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.