No. 300
v. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14501

FILED MAY 1 - 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3838

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1722 Goode Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 21, 19
d. STREET ADDRESS (If rural, give location): 1722 Goode Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Martha b. (Middle) E. c. (Last) Lawrence

4. DATE OF DEATH (Month) 4 (Day) 21 (Year) 52

5. SEX F **6. COLOR OR RACE** Negro **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) widowed **8. DATE OF BIRTH** 7-4-1874 **9. AGE** (In years last birthday) 77 (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): House work
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Huntsville Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Noah Wilson
13b. MOTHER'S MAIDEN NAME Mary Morton
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Hammett Harris — **ADDRESS** 4248 W. Pn

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrhythmia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Rheumatic
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4.81 X

22. *I hereby certify that I attended the deceased from* April 15, 1952 *to* April 21, 1952, *that I last saw the deceased alive on* April 20, 1952, *and that death occurred at* 12:01 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. Wadford M.D. (Degree or title) **23b. ADDRESS** 1005 N. Leffingwell **23c. DATE SIGNED** April 21

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal **24b. DATE** 4-24-51 **24c. NAME OF CEMETERY OR CREMATORY** Washington Park Cem **24d. LOCATION** (City, town, or county) St. Louis Co. (State) Mo

DATE REC'D BY LOCAL REG. APR 23 1952 **REGISTRAR'S SIGNATURE** J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Manuel **ADDRESS** 4059 Finney

(Licensed Embalmer's Statement on Reverse Side)

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 W. Claude Gordon

Signed.....
Student Embalmer

Licensed Embalmer No. 3489

P. O. Address 4575 Alde

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.