

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

2647

FILED MAR 31 1953

BIRTH NO. ....

REG. DIST. NO. ....

318

PRIMARY REG. DIST. NO. ....

1003

Registrar's No. ....

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)  
St. Louis Mo.

c. LENGTH OF STAY (in this place)

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE

Mo.

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township)  
St. Louis 2009

OR TOWN

d. STREET ADDRESS

(If rural, give location)  
28 W. 0

## 3. NAME OF DECEASED (Type or Print)

a. (First)

William

b. (Middle)

Lawrence

c. (Last)

## 4. DATE OF DEATH

(Month)

2

(Day)

21

(Year)

1953

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Never

## 8. DATE OF BIRTH

1873

## 9. AGE (In years last birthday)

80

# UNDER 1 YEAR

Months

# UNDER 24 HRS

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

work

## 10b. KIND OF BUSINESS OR INDUSTRY

work

## 11. BIRTHPLACE (City and State or Foreign Country)

work 9

## 12. CITIZEN OF WHAT COUNTRY?

work

## 13a. FATHER'S NAME

work

## 13b. MOTHER'S MAIDEN NAME

work

## 14. NAME OF HUSBAND OR WIFE

work

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service)

work

## 16. SOCIAL SECURITY NO.

work

## 17. INFORMANT'S SIGNATURE OR NAME ADDRESS

T.E. Vester 1300 Clark

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

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## 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.

## MEDICAL CERTIFICATION

Subdural Hemorrhage

of Brain Fracture left Elbow

When he fell down the steps at old Post office 5th &amp; Olive

## INTERVAL BETWEEN ONSET AND DEATH

## 19a. DATE OF OPERATION

work

## 19b. MAJOR FINDINGS OF OPERATION

work

## 20. AUTOPSY?

YES  NO 

## 21a. ACCIDENT SUICIDE HOMICIDE (Specify)

Accident

## 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, highway)

Street

## 21c. (CITY, TOWN, OR TOWNSHIP)

St. Louis

## (COUNTY)

Mo.

## (STATE)

## 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

2 16 53

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

work

## 21f. HOW DID INJURY OCCUR

He fell on Freights

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 \_\_\_\_\_ m., from the causes and on the date stated above. 45

## 23. SIGNATURE

Stephen L. ...

## (Degree or title)

M.D.

## 23b. ADDRESS

1300 Clark

## 23c. DATE SIGNED

3/8/53

## 24a. BURIAL (CREMATION) (REMOVAL) (Specify)

work

## 24b. DATE

3-31-53

## 24c. NAME OF CEMETERY OR CREMATORY

Anatomical Board

## 24d. LOCATION (City, town, or county)

St. Louis, Mo.

## (State)

DATE REC'D BY LOCAL MAR 10 1953

## REGISTRAR'S SIGNATURE

J. Charles Smith M.D.

## 25. FUNERAL DIRECTOR'S SIGNATURE

Rowland Mortuary Service

## ADDRESS

work

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.