

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15919**
3565

FILED APR 18 1953

378

1003

BIRTH NO. _____		REG. DIST. NO. _____		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 Illinois b. COUNTY St. Clair				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 7 WKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis		8120		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Inf.				d. STREET ADDRESS (If rural, give location) 1000 Moussette Lane				
3. NAME OF DECEASED (Type or Print) a. (First) SCOTTY		b. (Middle) _____		c. (Last) LAWRENCE		4. DATE OF DEATH (Month) (Day) (Year) 3 30 1953		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4/19/1895		
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Amer. Steel Co.		11. BIRTHPLACE (State or foreign country) Ill		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Amer. Steel Co.		11. BIRTHPLACE (State or foreign country) Ill		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William Lawrence			13b. MOTHER'S MAIDEN NAME Annie Williams			14. NAME OF HUSBAND OR WIFE Precious		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 335-10-6064		17. INFORMANT'S SIGNATURE OR NAME Marie Jethro ADDRESS 1000 Moussette Lane				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of liver ANTECEDENT CAUSES Morbidity 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	
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) _____		21f. HOW DID INJURY OCCUR? 1561		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Feb 14 , 19 53 , to Mar 30 , 19 53 , that I last saw the deceased alive on Mar 30 , 19 53 and that death occurred at 9:30 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE Walter G. Young, M.D. (Degree or title)				23b. ADDRESS 2357 Market		23c. DATE SIGNED _____		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/5/53		24c. NAME OF CEMETERY OR CREMATORY Baker Washington		24d. LOCATION (City, town, or county) Camdenville, Ill.		
DATE REC'D BY LOCAL REG. APR 4 1953		REGISTRAR'S SIGNATURE Carl Smith, M.D.		FUNERAL DIRECTOR'S SIGNATURE W. B. Green ADDRESS 4060 Washington 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Edgar H Green
.....
Licensed Embalmer No. *4571*

P. O. Address *4060 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.