

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16637

State File No.

FILED MAY 9 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 116 3

1. PLACE OF DEATH
a. COUNTY Clayton St. Louis

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 township) OR TOWN Bodan Rural-St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2059

d. FULL NAME OF HOSPITAL OR INSTITUTION Halis Ferry Memorial Hosp.

d. STREET ADDRESS (If rural, give location) 5852 Bartmer

3. NAME OF DECEASED (Type or Print)
a. (First) Anne b. (Middle) _____ c. (Last) Lawlor

4. DATE OF DEATH (Month) (Day) (Year)
April 23, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH April 15, 1874

9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Mins. _____

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

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Lawlor

13b. MOTHER'S MAIDEN NAME Ann Griffin

14. NAME OF HUSBAND OR WIFE None

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Lawlor, 5852 Bartmer

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Bilateral amputee mid thigh
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
unknown
unknown
2 months

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 4200

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) (Min.) _____

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

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov 28, 1952 to April 23, 1953, that I last saw the deceased alive on April 21, 1953, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lewes Littman M.D.

23b. ADDRESS 8231 Clayton Rd (17)

23c. DATE SIGNED 4/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-25-53

24c. NAME OF CEMETERY OR CREMATORY Calvary

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 4-23-53

REGISTRAR'S SIGNATURE Harriet R. Donohue

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marrigan-Sheahan, 4700 Washington Bl

(Licensed Embalmer's Statement on Reverse Side)

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

4000
4

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 John S. Kennedy
Licensed Embalmer No. 4194
P. O. Address St. Louis

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.