

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37861**

NOV 6 - 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **2598**

1. PLACE OF DEATH a. COUNTY S t. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Pagedale		c. CITY OR TOWN Pagedale 429/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 6705 Raymond avenue		e. STREET ADDRESS (If rural, give location) 6705 Raymond avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Nannie	b. (Middle) B.	c. (Last) Lawrence	4. DATE OF DEATH (Month) (Day) (Year) 9-30-53
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 2-9-1870	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Pagedale, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE T. L. Lawrence
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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 Morris Lawrence ADDRESS 5966 Berkley
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis (acute)		4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Bronchitis DUE TO (c) L		2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5021	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION L	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? L
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22. I hereby certify that I attended the deceased from **Aug 2, 1953** to **9-30, 1953**, that I last saw the deceased alive on **9-29, 1953** and that death occurred at **4 PM**, from the causes and on the date stated above.

23a. SIGNATURE Lev Rector (Degree or title)	23b. ADDRESS 730-Hodiamont	23c. DATE SIGNED 10-2-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-30-53	24c. NAME OF CEMETERY OR CREMATORY Rector, Arkansas	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 10/6/53	REGISTRAR'S SIGNATURE Hebert K. Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Irby F. H. Rector, Ark. ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
B. Hoffmann

Licensed Embalmer No. 43

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.