

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41605**

| | | | | | | | | |
|---|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 317 | | PRIMARY REG. DIST. NO. 590 | | Registrar's No. 300 | | |
| 1. PLACE OF DEATH a. COUNTY Saint Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn | | c. LENGTH OF STAY (in this place) 52 years | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn, 1161 | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3508 Oakdale Drive, | | | | d. STREET ADDRESS (If rural, give location) 3508 Oakdale Drive, 20 | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) ELLA | | | b. (Middle) B. | | |
| | | | c. (Last) LAWLER | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 20th, 1953 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH March 30th, 1883 | | |
| | | | | | | 9. AGE (In years last birthday) 70 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | | 11. BIRTHPLACE (State or foreign country) Lee Center, Illinois | | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Mahlon M. Young | | | 13b. MOTHER'S MAIDEN NAME Laura Balch | | | 14. NAME OF HUSBAND OR WIFE Herbert C. Lawler | | |
| 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 Herbert C. Lawler, 3508 Oakdale Dr., | | | | |
| 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) Coronary Arteriosclerosis | | | | INTERVAL BETWEEN ONSET AND DEATH Immediate | | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease | | | | DUE TO (c) | | | | |
| 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 4200 | | | | | 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) | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from Jan. 1946 to Nov. 20, 1953 , that I last saw the deceased alive on Nov. 19, 1953 , and that death occurred at 3 A. m. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Charles D. Martin M.D. | | | | 23b. ADDRESS 4020 N. Florissant | | 23c. DATE SIGNED 11/20/53 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11/24/53 | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | |
| DATE REC'D BY LOCAL REG. 11/20/53 | | REGISTRAR'S SIGNATURE Herbert C. Lawler | | 25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ | | ADDRESS 4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, 15, Mo. | | |

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Ralph C. Zanders

Signed.....
Student Embalmer

Licensed Embalmer No. 4278

P. O. Address St. Louis, Mo.

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.