

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21142**
Registrar's No. **4735**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. LENGTH OF STAY (in this place) 3 1/2 months		a. STATE Missouri b. COUNTY 2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Des Loge Hospital		e. STREET ADDRESS (If rural, give location) 20 2217a Angelica Street			
3. NAME OF DECEASED (Type or Print) LAWRENCE		a. (First) LAWRENCE		b. (Middle) RELLMAN	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lithographer		10b. KIND OF BUSINESS OR INDUSTRY Hart Printing Co.		8. DATE OF BIRTH Nov. 3, 1901	
13a. FATHER'S NAME Henry Rellman		13b. MOTHER'S MAIDEN NAME Sarah Vogt		9. AGE (In years last birthday) 52	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-01-6274		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 0	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Adrian Rellman		14. NAME OF HUSBAND OR WIFE Mrs. Adrian Rellman			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Causes of kidney & metastases			12. CITIZEN OF WHAT COUNTRY? U.S.A.
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Metastases			INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
19a. DATE OF OPERATION 2-15-54		19b. MAJOR FINDINGS OF OPERATION Lebotomy for Intractable Pain			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? 180X	
22. I hereby certify that I attended the deceased from 2-8, 1954 , to 5-25, 1954 , that I last saw the deceased alive on 5-24, 1954 , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Name or title) Robert Woodruff		23b. ADDRESS 2016 HAMPTON VILLAGE PLAZA		23c. DATE SIGNED 5-27-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 29, 1954		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Av.			
DATE REC'D BY LOCAL REG. MAY 28 1954		REGISTRAR'S SIGNATURE Carl Smith			

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 *Clement M. Kearney*.....

Licensed Embalmer No. *3732*

P. O. Address *H. L. ...*

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.