

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29360

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1952</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>2 WKS.</u>		c. CITY OR TOWN <u>Richmond Heights</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				STREET ADDRESS (If rural, give location) <u>8101 Hicks Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Retha</u>		b. (Middle) _____		c. (Last) <u>Lawrence</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 9, 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 30, 1909</u>	
9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same - HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chattanooga, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Jesse J. Hogue</u>		13b. MOTHER'S MAIDEN NAME <u>Magnolia Wood</u>		14. NAME OF HUSBAND OR WIFE <u>Willie B. Lawrence</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willie B. Lawrence, 8101 Hicks Ave.</u>			
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) <u>Pulman Arterial Embolus</u>  ANTECEDENT CAUSES DUE TO (b) <u>Thrombi. Ad hered to the Tricuspid valve.</u>  DUE TO (c) <u>Uremia</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>1) Gastric ulcer &amp; hematemesis</u> <u>2) Large laceration in Pelvis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>  <u>?</u>  <u>7 days</u>  <u>?</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>8) Peritonitis at abdominal incision signed by Turner Man. 230X</u>				20. AUTOPSY? YES <input checked="" 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) _____		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 <u>7-26-1954</u> , to <u>8-9</u> , 1954, that I last saw the deceased alive on <u>8-9-</u> , 1954, and that death occurred at <u>3:37 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles E. Brodrene M.D.</u>		23b. ADDRESS <u>601 S. Brentwood Clayton</u>		23c. DATE SIGNED <u>8-9-1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 13, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-11-54</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donnan</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles J. Gates, 4107 Finney Ave.</u>			

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 *Arthur L. Hilliard* .....

Licensed Embalmer No. *429*  
P. O. Address *4107 7th* .....

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.