

FILED MAY 13 1955

STANDARD CERTIFICATE OF DEATH

13587

State File No.

3621

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY None		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY None	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) abt 50 yr	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 1424 N. Newstead Ave.		e. STREET ADDRESS (If rural, give location) 1424 N. Newstead Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Earl	b. (Middle) N.	c. (Last) LAWSON	4. DATE OF DEATH (Month) (Day) (Year) April 18, 1955
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 18, 1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill worker (ret)	10b. KIND OF BUSINESS OR INDUSTRY Wood Mill	11. BIRTHPLACE (City and State or Foreign Country) Barry, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Francis Lawson	13b. MOTHER'S MAIDEN NAME Frances Vaughn	14. NAME OF HUSBAND OR WIFE Sarah Lawson
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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. 497-07-1268A	17. INFORMANT'S SIGNATURE OR NAME Sarah Lawson ADDRESS 1424 N. Newstead Ave.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Fibillation		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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? 4331
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22. I hereby certify that I attended the deceased from **3-1**, 19**55**, to **4-14**, 19**55**, that I last saw the deceased alive on **4-14**, 19**55**, and that death occurred at **2 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Jan Whittico (Degree or title) M.D.	23b. ADDRESS 918a N. Taylor Avenue	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/23/55	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery, St. Louis, Co., Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. APR 23 1955	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Cunningham & Moore ADDRESS 2405 Marcus Ave
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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 *John K. Cunningham*.....
Licensed Embalmer No. 4476 2408

P. O. Address 2405 Marcu.....

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.