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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 2 - 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11032

BIRTH NO. 19467-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2856

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Louis Maternity

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
d. STREET ADDRESS (If rural, give location): 3731 Page Avenue

**3. NAME OF DECEASED** (Type or Print)
a. (First)
b. (Middle)
c. (Last): Lawrence

**4. DATE OF DEATH** (Month) (Day) (Year): March 6 1956

**5. SEX**: Male
**6. COLOR OR RACE**: Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): --
**8. DATE OF BIRTH**: March 5 1956
**9. AGE** (In years last birthday): 0
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours 19 / Min. 15
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): --
**10b. KIND OF BUSINESS OR INDUSTRY**: --
**11. BIRTHPLACE** (State or foreign country): St Louis Missouri
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**: Raymond Morris Lawrence
**13b. MOTHER'S MAIDEN NAME**: Eugenia Cornell Hernton
**14. NAME OF HUSBAND OR WIFE**: --
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): --
(If yes, give war or dates of service): --
**16. SOCIAL SECURITY NO.**: --
**17. INFORMANT'S SIGNATURE OR NAME**: Eugenia Cornell Lawrence
ADDRESS: Above

**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) Cause Undetermined — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Prematurity — 1 day
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**: 776 x
**20. AUTOPSY?** YES [X] NO [ ]

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* March 5, 1956, *to* March 6, 1956, *that I last saw the deceased alive on* March 6, 1956, *and that death occurred at* 10:25 A.M., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Ward B. Breidenthal MD
**23b. ADDRESS**: St. Louis Maternity Hosp
**23c. DATE SIGNED**: 8 Mar 56

**24a. BURIAL, CREMATION, REMOVAL** (Specify)
**24b. DATE**: 3-31-56
**24c. NAME OF CEMETERY OR CREMATORY**: Anatomical Board
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: MAR 21 1956
REGISTRAR'S SIGNATURE: J Earl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: Rowland-Aker
ADDRESS: 4104 Manchester

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.