

## STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. **11181**

FILED DEC 31 1956

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

BIRTH NO. ....

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>4336 University/City</b>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>6260 Cates Ave.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>F.</b> c. (Last) <b>Lawler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 6, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 20, 1901</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>16</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Leidesdorf Acct. Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Joseph A. Lawler</b>		13b. MOTHER'S MAIDEN NAME <b>Agnes</b>		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. <b>493-09-4579</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Agnes Lawler 6260 Cates Av.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lower Nephron Nephrosis</b>			II. OTHER SIGNIFICANT CONDITIONS		<b>3 days</b>
*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		<b>6 wks</b>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <b>Carcinoma Sigmoid Colon</b>		
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 <b>11-14-56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma Sigmoid colon 153x</b>		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) m.	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 <b>11-7-56</b> , 19 <b>56</b> , to <b>12-6-56</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>12-5</b> , 19 <b>56</b> and that death occurred at <b>2:15A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>E.H. Bowden M.D.</b> (Degree or title)			23b. ADDRESS <b>634 N. Grand</b>		23c. DATE SIGNED <b>12-6-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-10-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>DEC 7 1956</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Chas. F. Stuart 1225 Union Bl.</b>		

**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 *Melvin L. Kemp*.....

Licensed Embalmer No. *40*.....

P. O. Address *3505*.....

*St. Louis 20, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.