

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **9760**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **99**

1. PLACE OF DEATH a. COUNTY <b>Saint Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY OR TOWN <b>Saint Charles</b> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <b>St. Charles</b> <b>092</b> <small>(If rural, give location)</small>	
c. LENGTH OF STAY (In this place) <b>5 min.</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Joseph's Hospital</b>			
e. STREET ADDRESS <b>1020 North Fifth St.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Francis</b>	b. (Middle) <b>B.</b>	c. (Last) <b>Lawler</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 1, 1957</b>
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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>March 3, 1903</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HOURS Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>pipe fitter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Atomic Energy</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Saint Charles, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>James G. Lawler</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Hughes</b>	14. NAME OF HUSBAND OR WIFE <b>Hazel V. Mackey</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>497-10-5557</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hazel Lawler, St. Charles, Mo.</b>	ADDRESS
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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 <b>1 HOUR</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) Acute Anterior Myocardial Infarction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (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	19b. MAJOR FINDINGS OF OPERATION <b>4281</b>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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

22. I hereby certify that I attended the deceased from June, 1953, to April, 1957, that I last saw the deceased alive on 4/1, 1957, and that death occurred at 11:04 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul H. Kother MD</b>	23b. ADDRESS <b>St. Charles, Mo.</b>	23c. DATE SIGNED <b>4/3/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 4, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Borromeo Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Saint Charles, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Apr. 3-1957</b>	REGISTRAR'S SIGNATURE <b>Marcella Wilson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H.C. Dallenberger</b>	ADDRESS <b>St. Charles, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

540

APR 16 1957  
APR 11 1957

**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.....  
*Frank R. Amalony*

Licensed Embalmer No. *483*  
P. O. Address.....  
*St. Charles*

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.