

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3205

STATE FILE NUMBER

FILED JAN 23 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **391**

Health, Welfare, Public Service, 0300, 1-56, All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Missouri</b>			c. CITY OR TOWN <b>Saint Charles</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>			d. STREET ADDRESS <b>3058 Ridgeview Drive</b>		
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>FRANCIS</b> Last <b>LAWLER</b>			4. DATE OF DEATH Month <b>January</b> Day <b>11</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 14, 1918</b>	9. AGE (In years last birthday) <b>39</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Am. Car Fdry</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>John Lawler</b>			14. MOTHER'S MAIDEN NAME <b>Evelyn Hickman Lawler</b>		
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>498-07-6622</b>	17. INFORMANT <b>Evelyn Hickman Lawler</b> Address <b>St. Charles, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ventricular Fibrillation</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 seconds</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <b>Chronic Rheumatic Heart Disease</b> <b>5 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <b>Left Heart Catheterization</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>4/6x</b>		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION			20f. COUNTY		
20g. STATE			20h. ADDRESS		
21. I attended the deceased from <b>1/9/58</b> to <b>1/11/58</b> and last saw <sup>her</sup> him alive on <b>1/11/58</b> Death occurred at <b>5:15 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					22c. DATE SIGNED <b>1/12/58</b>
22a. SIGNATURE <b>FH Bradley</b> (Degree or title) <b>M. D.</b>			22b. ADDRESS <b>BARNES HOSPITAL</b>		22c. DATE SIGNED <b>1/12/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>1-14-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>
24. FUNERAL DIRECTOR <b>H.C. Dallmeyer &amp; Sons</b> Address <b>St. Charles, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>JAN 13 '58</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b> <b>mjs</b>

JAN 27 1958

APR 7 1958

**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. Amala*

Licensed Embalmer No. 48

P. O. Address.....  
*St. Charles*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.