

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020403
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1495

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kirkwood TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richmond Heights 4495 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in 1b 5-wks.	d. STREET ADDRESS (If outside, give location) 1127 Boland Place Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle A. Last Lawrence			4. DATE OF DEATH Month June Day 2 Year 1958		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Aug. 29, 1891	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian, Little Flower Church.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Andrew Lawrence			14. MOTHER'S MAIDEN NAME Bridget McMorro		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 487-22-7478	17. INFORMANT Address Mr. Joseph Lawrence, 1127 Boland Place		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic nephrosclerosis, advanced stage		INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		442X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertensive cardio-vasc. disease		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____

21. I attended the deceased from **June 17-49** to **June 2-58** and last saw ^{her} him alive on **June 2-58**
Death occurred at **10:15 pm** on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE (Degree or title) Karl L. Keffler Esq.	22b. ADDRESS 1139 Bellevue Ave	22c. DATE SIGNED June 3-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 6, 1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St. Louis, Missouri		(State) _____

24. FUNERAL DIRECTOR OR ADDRESS Arthur J. Donnelly, 10 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. 6-3-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.
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(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare
Public Service
S. 300
r. 1-56
Disease 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

MEDICAL CERTIFICATION

7-1-1900-21

APPROVED

DATE

LOCALITY

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

TIME

BY WHOM DECEASED WAS CALLED

BY WHOM DECEASED WAS CALLED

SEX

AGE

CAUSE OF DEATH

PLACE OF DEATH

BY WHOM DECEASED WAS CALLED

BY WHOM DECEASED WAS CALLED

STATE OF TEXAS, COUNTY OF DALLAS, CITY OF DALLAS

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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 *W. H. Seljan*

Licensed Embalmer No. *467*

P. O. Address *3700*

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.