THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002639

STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St.Francois Township — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): State Hospital No.4 — Length of stay in 1b: 4Y;3M;12das.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St.Charles
c. CITY OR TOWN: St. Charles 0923 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Baldwin Hotel — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: EDWARD Middle: JAMES Last: LAWLER

4. DATE OF DEATH: Month: Jan. Day: 4, Year: 1959

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: June 16, 1891

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 6, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory work, bar tending, & Maintenance

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St.Charles, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James G. Lawler

13b. MOTHER'S MAIDEN NAME: Elizabeth Hughes

14. NAME OF HUSBAND OR WIFE: Ruth Ann Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 487-20-7892

17. INFORMANT: Records, State Hospital No.4, Farmington, Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion - - - - - - - - - - - - - - instantaneous.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease - - - - - - - - - Unknown.
DUE TO (c): 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Dementia Praecox Psychosis - Abt.25 yrs.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Oct. 22, 1954, to Jan. 4, 1959 and last saw him alive on Jan. 4, 1959
Death occurred at 5:10 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John A. Brennan M.D. (Degree or title) 0

22b. ADDRESS: State Hospital No.4 Farmington, Missouri

22c. DATE SIGNED: 1-4-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 6, 1959

23c. NAME OF CEMETERY OR CREMATORY: St.Charles Borromeo

23d. LOCATION (City, town, or county) (State): St. Charles, Mo.

24. FUNERAL DIRECTOR: Thomas J. Finan, 1519 Sou. Grand St. Louis 4, Mo.

25. DATE RECD. BY LOCAL REG.: Jan 22, 1959

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.