

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011772
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 734

300
1-57

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) Wellston Inside Limits Yes No
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 6211 Derby Ave. Length of stay in lb 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Franklin
c. CITY OR TOWN Bittner Inside Limits Yes No
d. STREET ADDRESS ROB. I. Box 8 (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Pearl Middle Ludlo Last Lawrence
4. DATE OF DEATH Month 3 Day 17 Year 59

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Mar. 1, 1871 9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Chicago, Ill. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME unknown Hannis 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Frank T. Lawrence

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. none 17. INFORMANT Address Mrs. Lyle Hansen, 6211 Derby Ave.

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 Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
INTERVAL BETWEEN ONSET AND DEATH 1 yr.

19. WAS AUTOPSY PERFORMED? YES NO 4200

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 _____ Month, Day, Year _____ a.m. _____ p.m.

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 3/14/59 to 3/17/59 and last saw her ^{her} alive on 3/17/59. Death occurred at 9:00 ^{PM} on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Walter M. Meehan M.D. 22b. ADDRESS 1506 Hedgesmont 22c. DATE SIGNED 3/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 3/20/59 23c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral 1905 Union 25. DATE RECD. BY LOCAL REG. 3-19-59 26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. Wm. K. Weber
1506 Hodlamont Ave.
Ev 5-9190
2-17 Thurs. PM

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 *Warren A. Carter*

Licensed Embalmer No. *353*

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.