

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

59-023125

STATE FILE NUMBER  
 25696

FILED JUL 3 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Richmond Heights	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital		d. STREET ADDRESS (If outside, give location) 1045 Terrace Drive	

3. NAME OF DECEASED (Type or print) First Middle Last Claude A. Lawrence			4. DATE OF DEATH Month Day Year June 12, 1959		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 12, 1875	9. AGE (In years last birthday) 83	F UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) conductor	10b. KIND OF BUSINESS OR INDUSTRY Illinois Central RR.	11. BIRTHPLACE (City and state or country) Farmer City, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Lawrence	13b. MOTHER'S MAIDEN NAME Isabel Albright	14. NAME OF HUSBAND OR WIFE Juel Lawrence
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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) no	16. SOCIAL SECURITY NO. 709-01-7831	17. INFORMANT Mrs. Juel Lawrence, 1045 Terrace Dr.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of Pelvis</i> DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>902.7</i>		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Suffered in fall from</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. NATURE AND CIRCUMSTANCES OF INJURY (If nature of injury in PART I or PART II is not stated) <i>while a patient in Nursing Home</i>
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20c. TIME OF INJURY Hour Month, Day, Year <i>11:00 p.m. 6 12 59 June 12, 1959</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>Nursing Home</i>	20e. CITY, TOWN, OR LOCATION <i>St. Louis Mo.</i>	COUNTY	STATE
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21. I attended the deceased from Death occurred at <i>945 P.</i>	and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Patrick C. Taylor, M.D.</i>	22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>6-15-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>6-16-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>
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24. FUNERAL DIRECTOR <i>C. R. Lupton &amp; Sons-7233 Delmar</i>	25. DATE RECD. BY LOCAL REG. <i>JUN 15 '59</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Glad Smith, M.D.</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

300  
1-57  
P

John Down Monday 2.7.72.

St. LOUIS CITY CORONER

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

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.