

FILED FEB 4 1943 18

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3343 Salena Street., /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3343 Salena Street., /
Salena (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Geneva A. Lawson

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles H. Lawson

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased August 26, 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
40	5	1	_____ hr. _____ min.

9. Birthplace St. Francois County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Forchee

{ 13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Hildebrand

{ 15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles H. Lawson

(b) Address 3343 Salena Street., /

17. (a) Burial (b) Date thereof 1/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) JAN 28 1943 (b) J. F. Predick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 7 1943, to Jan 27 1943
that I last saw her alive on Jan 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
Acute Dehydration Heart

Due to _____

Due to _____

Other conditions Hypothyroidism
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy none

Duration
3 years
1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. Sanbury (M. D. _____)
Address 3758 Lafayette Date signed 1-28-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Wulford J Burnley*
Licensed Embalmer No..... 4202

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 this body is not embalmed, fact should be so stated above.