

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

20646

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5426

1. PLACE OF DEATH

County.....
Township *St. Louis*
City *St. Louis*

Registration District No. *501*
Primary Registration District No. *1003*
(No. *Bristol Hotel*) *55* *1003* *1003*

File No.
Registered No. *5426*
St. Ward

2. FULL NAME *Olga Lanning*

(a) Residence. No. *Bristol Hotel* St. *5* Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Divorced</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED (husband of (or) wife of) <i>Divorced</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>about 57</i>		
7. AGE	YEARS	MONTHS
<i>About 57</i>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <i>Retired Housekeeper</i> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.		

9. BIRTHPLACE (CITY OR TOWN) *St. Louis*
(STATE OR COUNTRY)

10. NAME OF FATHER *Antony Gebure*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *France*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Maria Edynton*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Polish*
(STATE OR COUNTRY)

14. INFORMANT *Mrs. Delphine Schum*
(Address) *5652 Pershing 9.*

15. FILED *19* *1930* REGISTRAR *Max C. Stork*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 2, 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Dec 2, 1929* to *June 2, 1930*, and that I last saw her alive on *June 2, 1930*, and that death occurred, on the date stated above, at *1:20 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
hemorrhage of the brain non traumatic

(duration) *6* yrs. *6* mos. *6* ds.
CONTRIBUTORY *Arterial Sclerosis*
(SECONDARY) (duration) *1* yrs. *1* mos. *1* ds.

18. WHERE WAS DISEASE CONTRACTED *USA*
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF

20. WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Physical Exam.*
(Signed) *J. Becker*, M. D.
6/3, 1930 (Address) *no. 829,*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Nathalla Cemetery* DATE OF BURIAL *June 4, 1930*

20. UNDERTAKER *Chas. L. Geraghty & Son* ADDRESS *4259 Lindell Ave*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mr. J. C. ...