WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

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

Do not use this space.

37704

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST, LOUIS, MO. (No. 4921 EMERSON AVE. St. ..... Ward)

File No. ..... Registered No. 10793

2. FULL NAME JOHN CORNELIOUS LANE.

(a) Residence. No. 4921 EMERSON AVENUE. St., 7 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
MALE.	WHITE.	MARRIED.

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ GESINA LANE.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MARCH 4th, 1862.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	8	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work STATINARY ENGINEER.

(b) General nature of industry, business, or establishment in which employed (or employer) RETIRED.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ST, LOUIS.
(STATE OR COUNTRY) MISSOURI.

PARENTS

10. NAME OF FATHER JOHN LANE.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ST, LOUIS.
(STATE OR COUNTRY) MO.

12. MAIDEN NAME OF MOTHER JUDETH R. FAWCETT.

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

14. INFORMANT Mrs Gesina Lane
(Address) 4921 Emerson Ave

15. FILED NOV 16 1930 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/13/30. 19

17. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1930, to Nov. 13, 1930 that I last saw him alive on Nov 13, 1930, and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Acute

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (SECONDARY) Chronic Endocarditis

(duration) yrs. Indef. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At the place
DID AN OPERATION PRECEDE DEATH? none. DATE OF
WAS THERE AN AUTOPSY? none.
WHAT TEST CONFIRMED DIAGNOSIS? none.

(Signed) R. I. Riglar, M. D.

Nov. 15, 1930 (Address) 4158 Newstead Av.

*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 VALHALLA CEMETERY.

DATE OF BURIAL 11/17/30. 19

20. UNDERTAKER Provost Und. Co

ADDRESS 3710 N. Grand.