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

Do not use this space.

7704

File No. 2066

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital St. Ward)

Registration District No. 7911

Primary Registration District No. 1002

2. FULL NAME 19628 ~~Anita Lane~~ (Neva May Hartsock)

(a) Residence. No. 2010 Rutger St., 22 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 21 - 1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	19	10	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Dining room girl 247
(b) General nature of industry, business, or establishment in which employed (or employer) Barnes Hosp.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER ~~John Hartsock~~

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

12. MAIDEN NAME OF MOTHER Alta Ernst

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

14. INFORMANT Hospital Information
(Address) City Hospital

15. FILED FEB 16 1931 Max C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1931, to Feb 14, 1931 that I last saw her alive on Feb 14, 1931, and that death occurred, on the date stated above, at 4:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Lobar pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pregnancy

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Jerome Himon, M. D.

2/15, 1931 (Address) City Hospital

*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	DATE OF BURIAL
Rockport Ill	2-17 1931

20. UNDERTAKER	ADDRESS
McLaughlin	1631 Mo ave

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

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.

Lane.