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.

OCT 26 1931

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

Do not use this space.

35606

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township CENTRAL — Primary Registration District No. 6033 — Registered No.
City CLAYTON (No. St. Louis County Hospital St. Ward)

2. FULL NAME Dee M. Lane
(a) Residence, No. 2642 Laclede Road Ward. Maplewood
(Usual place of abode) (If nonresident, give city or town and State)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Iva Lane (Fischer)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 7 - 1880

7. AGE: YEARS 51 — MONTHS [illegible] — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Clothing
10. Date deceased last worked at this occupation (month and year): Sept. 1 - 1931
11. Total time (years) spent in this occupation: 5 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas.

FATHER
13. NAME: John Calvin Lane.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas.

MOTHER
15. MAIDEN NAME: Martha Gray.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas.

17. INFORMANT (ADDRESS): Mrs. Thelma Carpenter. 2642 Laclede Road.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Clair Mo. DATE Oct. 9 - 1931

19. UNDERTAKER (ADDRESS): Croghan Und. Co. Inc. 7146 Manchester Ave.

20. FILED Oct 9 - 1931 K. W. Sullivan Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 7 - 1931.

22. I HEREBY CERTIFY, That I attended deceased from 10 - 2, 1931, to 10 - 7, 1931
I last saw him alive on 10 - 7, 1931. Death is said to have occurred on the date stated above, at 1 45/P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	
Severe bronchitis	
92B	
38	
93D	

92B

Other contributory causes of importance:
Malaria
Myocarditis
Kidney infarct

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Partial

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Dr Westrup per Dr B Harris, M. D.
(Address) St Louis Co. Hospital