

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

Do not use this space.

**1. PLACE OF DEATH**

City St. Louis Registration District No. 11782  
Township St. Louis Primary Registration District No. 2000  
City St. Louis (No. 3800 Block Eastern Ave)

File No. 3489  
Registered No. 422  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Edward Lane

(a) Residence, No. 1433 21 Vandeventer St. 11 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jac Lane</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 26 - 1876</u>				
7. AGE	YEARS <u>56</u>	MONTHS <u>11</u>	DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Conductor</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Public Service Co.</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>			
	13. NAME <u>Unknown Lane</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>			
	15. MAIDEN NAME <u>Unknown</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>				
17. INFORMANT <u>Jac Lane</u> (ADDRESS) <u>1433 21 Vandeventer Ave</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla</u> DATE <u>Jan 13 1933</u>				
19. UNDERTAKER <u>Emmerich and Co.</u> (ADDRESS) <u>4224 Manchester Ave</u>				
20. FILED <u>AN 12 1933</u> <u>W. C. Stancley</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

2. **21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933 to Jan 10, 1933  
I last saw him alive on Jan 6, 1933 Death is said to have occurred on the date stated above, at 4:50 P. M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset 8:20 AM  
Arteriosclerosis 9:20 AM  
Other contributory causes of importance:  
Arteriosclerosis  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. C. Emmerich, M. D.  
(Address) 3870 Eastern

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.

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