

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

Do not use this space.

3510

1. PLACE OF DEATH

County Registration District No. 795
Township Primary Registration District No. 15
City ST. LOUIS (No. 4344 Beethoven)

File No.
Registered No. 444
St. Ward)

2. FULL NAME

Elizabeth Carrie Lane
(a) Residence, No. 4344 Beethoven St., 15 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24-1839</u>		
7. AGE	YEARS <u>100</u>	MONTHS <u>5</u>
	DAYS <u>17</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>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
MOTHER	13. NAME <u>John J. Hart</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	15. MAIDEN NAME <u>Nancy Cowgill</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Hart Claude Lane</u> (ADDRESS) <u>4344 Beethoven</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset</u> DATE <u>1-13-1935</u>		
19. UNDERTAKER <u>A. W. M. Langhin</u> (ADDRESS) <u>1631 Missouri Ave.</u>		
20. FILED <u>Jan 12 1935</u> <u>M. C. Jansen</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-11-1933

22. I HEREBY CERTIFY That I attended deceased from Oct 1-1932 to Jan 11-1933
I last saw her alive on Jan 8 1933. Death is said to have occurred on the date stated above, at 6:15 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset	<u>Jan 8 1933</u>
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Other contributory causes of importance:
Arteriosclerosis
emeral

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

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 a. L. Houtley M. D.
(Signed) a. L. Houtley
(Address) 3608 Grand

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.

WHITE PAPER WITH UNFADING INK—THIS IS A PERMANENT RECORD

