

APR 25 1934

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

Do not use this space.

10469

2. PLACE OF DEATH
County..... Registration District No. 791
Township..... Primary Registration District No. 100:3
City St. Louis (No. De Paul Hospital) St. Ward.....

2. FULL NAME Sergt. Cornelius D. Lane
(a) Residence, No. 3035 Rolla Pl. St. 10 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 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 Elizabeth Lane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1875

7. AGE YEARS 59 MONTHS — DAYS — IF LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sergeant of Police
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Ireland

FATHER
13. NAME Dennis Lane
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Kate Haley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Elizabeth Lane
(ADDRESS) 3035 Rolla Pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 3/6 1934

19. UNDERTAKER Arthur J. Donnelly & Co.
(ADDRESS) 3840 Broadway St.

20. FILED..... 19.....
J. H. Redick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-21-25, 1934 to MARCH 3, 1934
I last saw h. l. alive on MAR 3, 1934. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
SEPTIC SORE THROAT (STREPTOCOCCUS)
Other contributory causes of importance:
11/5 a

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) James J. Miller, M. D.
(Address) 4114 W. 7th Street

Date of onset 2-25-34

Dr. McAllen

4114 Fumant a

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