

JAN 14 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. 6021)

Registration District No. 701
Primary Registration District No. 12188
6021 McPherson Avenue

File No. 44497
Registered No. 11600
St. _____ Ward _____

2. FULL NAME David S. Lane

(a) Residence, No. 6021 McPherson Avenue, 5 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 Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>2</u>	<u>18</u>	

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

12. BIRTHPLACE (CITY OR TOWN) Lewistown, (STATE OR COUNTRY) New York

13. NAME David Lane

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

17. INFORMANT Mr. Jas. F. Brady Jr. (ADDRESS) 6021 McPherson Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec. 7th, 19 34

19. UNDERTAKER Wick Bros (ADDRESS) 2201 S. Grand Blvd.

20. FILED J. F. Bredeck, 19 34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 4, 1934

22. 6/15/34 HEREBY CERTIFY, That I attended deceased from 12/4/34, 19..... to 12/4/34, 19.....

I last saw him alive on 12/3/34, 19..... Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:
Date of onset

myocardial infarct.
93 hypercholesterolemia 6/15/34
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) J. F. Bredeck, M. D.
(Address) Registrar

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.

3720 Redding