DEC 2 1935

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

Do not use this space.

37562

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 6308 Michigan Ave. St. ..... Ward)

File No. 9531

Registered No. .....

2. FULL NAME John W. Lanley

(a) Residence, No. 6308 Michigan Ave. St., / 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Sophia Lanley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 17th. 1847

7. AGE: YEARS 87 | MONTHS 10 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Mail Carrier

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): Germany

FATHER

13. NAME: Phiplip Lanley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Epp.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Elizabeth Hunter, 3421 Pestalozzi St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Trinity Luthern DATE Nov. 15th 1935

19. UNDERTAKER (ADDRESS): Wm Schumacher, 3013 Meramec Street.

20. FILED NOV 14 1935 19 J F Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 13th. 1935

22. I HEREBY CERTIFY, That I attended deceased from ——, 1932, to Nov. 13, 1935

I last saw him alive on 6 45 Am. 1935. Death is said to have occurred on the date stated above, at 17/15 am

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

	Date of onset
Myocarditis, chronic	1932
Hypertrophy of Prostate	
Caused Prostatic obstruction	1935
Bronchopneumonia	Nov. 11

Other contributory causes of importance: Senility 130

Name of operation ..... Date of .....

What test confirmed diagnosis? none 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? no

If so, specify .....

(Signed) B. L. Pruett, M. D.

(Address) 6006 Virginia Avenue

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 PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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