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

Do not use this space.
2913

JAN 23 1936

791

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 1003 — File No.: 100

Township: — Primary Registration District No.: City — Registered No.:

City: St. Louis (No. 4150 99 Hamphr St. Ward)

2. FULL NAME: Nathan Conrad Lankford

(a) Residence, No. 7124 Lankford Ward 4
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M — 4. COLOR OR RACE: W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE~~ OF: Willie Conrad.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 19 1857

7. AGE: Years 79. Months 0. Days 12. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Common Labor

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): Indiana

FATHER

13. NAME: Nathaniel Conrad.

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT: Wm. Dy (ADDRESS): City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE: Odd Fellows Cem DATE: Jan 4, 1936

19. UNDERTAKER: Edith E. Ombrister (ADDRESS): 4224 Morganford Av.

20. FILED: JAN 13 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/28, 1935, to 1/1, 1936

I last saw h. alive on 1/1, 1936. Death is said to have occurred on the date stated above, at 4:15 p.m.

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

	Date of onset
Nephrosclerosis	

Other contributory causes of importance: 131

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) E. H. Lindley M. D.

(Address) City Hospital

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.

WHEN FILLED, WITH UNFADING INK—THIS IS A PERMANENT RECORD