

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.

AUG 18 1936

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

Do not use this space.

25021

## 1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **DePaul Hospital**, St. .... Ward)

File No. ....  
Registered No. **6694**  
St. .... Ward)

2. FULL NAME **William C. Lankford,**

(a) Residence, No. **6228 Derby av.,** St. **NR** Ward. **Wellston, Mo.**  
(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 **Myrtle B. Lankford,**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1885-6-4**

7. AGE YEARS **51** MONTHS **-** DAYS **26** IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Stock clerk,**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Curtis Mfg. Co.**

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) **Frederickstown, Mo.**13. NAME **Charles Lankford,**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **U. S. A.**15. MAIDEN NAME **Amy Harris,**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill.**17. INFORMANT **Myrtle B. Lankford,** (ADDRESS) **6228 Derby av.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Lake Charles** DATE **7/2/36** 19.19. UNDERTAKER **Robert J. Ambruster** (ADDRESS) **Clayton rd. at Concordia Lane**20. FILED **JUL 2 1936** **J. Bredeck** Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 30th,** 19 **36.**22. I HEREBY CERTIFY, That I attended deceased from **5-9**, 19 **36**, to **June 30th,** 19 **36**I last saw him alive on **June 30th,** 19 **36** Death is saidto have occurred on the date stated above, at **10:25** A.

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

*Myocarditis Chronic Jan 36*

Other contributory causes of importance: *ASC*

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? **NO** If so, specify.....(Signed) *J. Bredeck*....., M. D.(Address) **8321 N. Broadway,**

