

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.

DEC 3 1936

**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.

Registration District No. 791
Primary Registration District No. 1003
(No. 3232 So. Dakota St.)

File No. 43157
Registered No. 11735
St. Ward)

2. FULL NAME

Alvina F. Lankau

(a) Residence, No. 3232 So. Dakota St. St. 15 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emil H. Lankau.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1958.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 11 11

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

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) Freeburg, (STATE OR COUNTRY) Ills.

13. NAME August Rick

14. BIRTHPLACE (CITY OR TOWN) Dont Know. (STATE OR COUNTRY)

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) Dont Know. (STATE OR COUNTRY)

17. INFORMANT Mrs. Heaton (ADDRESS) 3232 So. Dakota St.

18. BURIAL, CREMATION, OR REMOVAL SS. Peter and Paul Cem. DATE Nov. 30, 1936.

19. UNDERTAKER J. N. Helken & Co. (ADDRESS) 2842 Meramec St.

20. FILED 19 J. Bredeck Registrar.

NOV 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24th, 1936, to Nov. 26, 1936

I last saw her alive on Nov. 26th, 1936. Death is said to have occurred on the date stated above, at 4:15 A. m.

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

Cerebral Hemorrhage

Date of onset

1 da.

Other contributory causes of importance:

Arteriosclerosis

1 yr.

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

What test confirmed diagnosis? Physical 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?.....

If so, specify.....

(Signed) Dr. W. H. Walters, M. D.

(Address) 3608 So. Grand Blvd.

