

JAN 10 1936

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

Do not use this space.

46384

12171

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1008
(No. Deaconess Hospital)

File No.....
Registered No.....
St. Ward)

2. FULL NAME Neva Jennie Lanemann

(a) Residence, No. 5433 Arsenal St. St. 13 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Walter C. Lanemann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 2, 1894</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>1</u>
	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9 .1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1936, to Dec 9, 1936

I last saw her alive on Dec 9, 1936 Death is said to have occurred on the date stated above, at 10:40 A.M.

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

Appendicitis (Lanemann) Date of onset 11-9-36
Disrupted bowels 11-12-36
Pleuritis (general) 11-12-36

Other contributory causes of importance: 121

Name of operation Laparotomy Date of 11-12-36

What test confirmed diagnosis? Exploratory 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) J. F. Coover, M. D.
(Address) 5790 Southview Ave

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Henry Green

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

MOTHER

15. MAIDEN NAME Louise Addison

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

17. INFORMANT Walter C. Lanemann
(ADDRESS) 5433 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Norris City Ill DATE 12-11, 1936

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED 15 1936 19 J. F. Coover
Registrar.

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.

Dr Cleveland
5930 Southwest Ave
Apr 2 1911