

DEC 13 1937

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

39255

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City ST LOUIS Mo. (d) Street No. ENROUTE TO CITY HOSPITAL #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 6, mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 102422. PRINT FULL NAME CARL FRANCIS LANNING

(a) Residence, No. 1327 HICKORY St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 FRANCES LANNING

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 19TH 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
62 3 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. N/A
9. Industry or business in which work was done, as 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) PHELPS Co. Mo.13. NAME UNKNOWN14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PHELPS Co. Mo.15. MAIDEN NAME UNKNOWN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PHELPS Co. Mo.17. INFORMANT PAUL LANNING
(ADDRESS) 4102 CALIFORNIA.18. BURIAL, CREMATION, OR REMOVAL
PLACE ROWLA, Mo. DATE NOV 5, 193719. FUNERAL DIRECTOR MUNWEN BROS
(ADDRESS) 4259 WYNDELL20. FILED NOV 8 1937 J. Bredech
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 193722. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to, 19.....I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7:20 A.M.

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

Coronary Occlusion;Arterio Sclerosis.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No23. 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 See Above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph H. Zupin, M.D.(Address) Deputy Coroner

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.

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STATEMENT BY LICENSED EMBALMER

I, *Tom Rogers*

Licensed Embalmer No. *3902*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *Myself*

L. E.

No. _____ or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed *Tom Rogers*

Licensed Embalmer No. *3905*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.) ***