REC'D MAY 10 1938

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

Do not use this space. 12644

1. PLACE OF DEATH

(a) County ..... Registration District No. 791 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 3248

(c) City St. Louis, Mo. (d) Street No. City Sanitarium St.

(e) Length of residence in city or town where death occurred 42 yrs. 2 mos. 28 ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma J. Lane

(a) Residence, No. 5054 a Delmar St. 12 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 11, 1896

7. AGE: Years 42 | Months 2 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as saw mill, bank, etc. Rail-road

10. Date deceased last worked at this occupation (month and year) 12 yrs. ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri.

FATHER

13. NAME: Davis S. Lane,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown New-York.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri.

17. INFORMANT (ADDRESS): Otis Taylor, M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Apr. 7, 1938

19. FUNERAL DIRECTOR (ADDRESS): Weick Bros. 2200 So. Grand Blvd.

20. FILED APR 8 1938 J. P. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1937, 19, to 4-5-1938, 19. I last saw her alive on 4-5-1938, 19. Death is said to have occurred on the date stated above, at 5:35 A.M. The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cordiac failure 4-4-38	
Coronary artery disease 6-18-37x	
23	

Other contributory causes of importance:
Pul Tuberculosis 6-18-37x

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? .....
If so, specify .....
(Signed) Otis Taylor, M. D.
(Address) City Sanit.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY WITH INK. DO NOT FOLD. USE PEN AND INK. DO NOT ERASE. USE ONLY WHITE PAPER.

I X12004

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880

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 John Ketter

Licensed Embalmer No. 3880

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.)