

DEC 14 1938

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

27677  
Do not use this space.

791  
1003

Registered No. 7691

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis Mo (d) Street No. Deaconess Hosp St. ....  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

585  
Carl L Lanemann  
(a) Residence, No. 4271 Botanical Ave St. 17  
(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 Ora Lanemann  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 1898  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 40 7 10  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Maintenance Man  
9. Industry or business in which work was done, as saw mill, bank, etc. Liggett Meyers  
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) St. Louis Mo  
13. NAME August Lanemann  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
15. MAIDEN NAME Lena Franke  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Mrs Ora Lanemann  
4271 Botanical Ave  
18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barr DATE 8-1-1938  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) WILEY SHAWNER UNICO  
4228 So. Kirk Highway Bldg  
20. FILED AUG 30 1938 J.F. [Signature] Local Registrar.

NO ATTESTATION REQUIRED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29-1938  
22. 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 AM  
The principal cause of death and related causes of importance were as follows:  
of legs arms face  
"2nd and 3rd Degree Burns, suffered when machine of deceased became ignited in some unknown manner, near Cedar Hill Missouri, on August 27th, 1938, at about 11:30 P.M.

Other contributory causes of importance: .....  
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? Accident Date of injury 8/27/1938  
Where did injury occur? St. Louis, County  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. 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 Joseph W. [Signature]  
(Signed) Deputy Coroner  
(Address) .....

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.

*Coroner Case*

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Edwin M. Herriott*

Licensed Embalmer No. *3024*

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**