DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

122

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37119

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1872

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township) NOV 9 1939

(c) Name of hospital or institution: County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-Hours (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Pine Lawn (If outside city or town limits, write "RURAL")

(d) Street No. 2121 Erick Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Daniel Earl Lane 5-0

3. (b) If veteran, name war None

3. (c) Social Security No. 499-05-5025

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. (Month) 18, (Day) 1912 (Year)

8. AGE: Years 27 Months 0 Days 4 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Bus Driver

11. Industry or business Midland Bus Co.

FATHER
12. Name Dennis Lane
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Estelle Holmes
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Mrs Estelle Lane

(b) Address 2121 Erick Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-39 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) 10-24-39 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1939 hour 6 minute 20 a. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Automobile accident.

Due to While driving an automobile on a public highway which left the road and overturned 10/22/39

Due to Multiple fractures of the skull

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 210M

Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Oct 22, 1939

(c) Where did injury occur? St. Louis County, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? no (e) Means of injury auto left roa

23. Signature John [illegible] (M. D. or other)

Address Coroner of St. Louis County Date signed 10/24

(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.

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.....W H Van Matre.....

Licensed Embalmer No.....2825.....

P. O. Address.....4340 Lafayette

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

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