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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MICHIGAN STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13103  
3305

Registration District No. 791 Primary Registration District No. 1003 State File No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6427 Vermont  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Beatrice A. Lane

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 16, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 1 24 hr. min.

9. Birthplace England  
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business public schools

12. Name George Lane

13. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Woods

15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Alberta Lane  
(b) Address 6427 Vermont

17. (a) Burial (b) Date thereof Apr. 12, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.  
18. (a) Signature of funeral director Southern Funeral Home  
(b) Address 6322 S. Grand  
19. (a) APR 10 1940  
(Data received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6427 Vermont St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 9<sup>th</sup>  
year 1940 hour \_\_\_\_\_ minute 4:30 AM.

21. I hereby certify that I attended the deceased from Apr. 9, 1940 to Apr. 9, 1940  
that I last saw her alive on Apr. 9, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Infarct 1/2 hr.

Due to Chronic Endocarditis

Due to Senility

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
1/2 hr.  
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) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work? \_\_\_\_\_ (2) Means of injury \_\_\_\_\_

23. Signature D. S. Pruett (M. D. or other) \_\_\_\_\_  
Address 6006 Va. Ave Date signed 4-10-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Frank Ludwig

Licensed Embalmer No. 3504

P. O. Address St Louis Mo

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

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