No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23623

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6068

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution: 4169 Shenandoah Ave. 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 17 (If outside city or town limits write "RURAL")

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(d) Street No. 4169 Shenandoah Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Frank D. Lane 500

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Catherine Lane

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

7. Birth date of deceased March (Month) 28 (Day) 1864 (Year)

8. AGE: Years 76 Months 3 Days 21 If less than one day hr. min.

9. Birthplace County Cork Ireland 5 (City, town, or county) (State or foreign country)

10. Usual occupation retired Police sergeant

11. Industry or business St. Louis Police Dept.

FATHER
12. Name William Lane
13. Birthplace Ireland 5 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Clancy
15. Birthplace Ireland 5 (City, town, or county) (State or foreign country)

16. (a) Informant Francis Lane
(b) Address 4169 Shenandoah

17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 22 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director James J. Cullinane
(b) Address 1710 N. Grand Boul.

19. (a) JUL 19 1940 (Date received by local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1940 hour 10 minute a M.

21. I hereby certify that I attended the deceased from 7-15-40, 19__, to 7-19, 1940 that I last saw him alive on 7-18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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)

(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? (e) Means of injury

23. Signature Thos. M. Martin (M. D. or other)

Address 634 no grand Date signed 7-19-40

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Md

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.