. No. 2
-4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30533

State File No.

Registration District No. 791 | 1003 Primary Registration District No.

Registrar's No. 7810

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 2 yrs. 10 mos. 13 days (Specify whether years, months or days)

In this community 16 yrs. 6 mos

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County

(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")

~~2915 Bolt Ave.~~ 5400 Arsenal give location

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

3. (a) PRINT FULL NAME Florence Lanham

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Richard Lanham

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Aug. (Month) 11 (Day) 1904 (Year)

8. AGE: Years 36 yrs. | Months 1 | Days 5 | If less than one day hr. min.

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

10. Usual occupation Cook (Domestic)

11. Industry or business Joseph Hamilton

MOTHER FATHER

12. Name Joseph Hamilton

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

14. Maiden name ~~Adelaide Snider~~

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

16. (a) Informant L. Deggendorf

(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-40 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director J. Bullen Bros

(b) Address 4259 Lindell

19. (a) SEP 19 1940 (Date received local registrar) (b) J. Bullen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16th. year 1940 hour 12:00 minute p.m. M.

21. I hereby certify that I attended the deceased from July 1, 1938, 19..., to Sept. 16, 1940; that I last saw her alive on Sept. 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death General Parlysis of the Insame 1936x — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

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 Robert H. Howe (M. D. or other) MD

Address 5400 Arsenal St. Date signed 9/18/40

(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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St. Louis

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, fact should be so stated above.