No. 2
11-10-39
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X21492

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

State File No. 37165

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9438

FILED DEC 11 1940

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

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS 23 (If outside city or town limits write "RURAL")

(d) Street No. 318 MILLER ST. (If rural, give location)

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

3. (a) PRINT FULL NAME ESTER. M. 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 SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased MAY (Month) 8 (Day) 1927 (Year)

8. AGE: Years 13 | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation SchoolGIRL 0

11. Industry or business 0

FATHER
12. Name LEO. LANHAM. 0
13. Birthplace (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name BEULAH HURST.
15. Birthplace (City, town, or county) MO. (State or foreign country)

16. (a) Informant Mrs M. Lanham

(b) Address 318 Miller St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV (Month) 18 (Day) 1940 (Year)

(c) Place: burial or cremation ST. MATTHEWS.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Av.

19. (a) NOV 18 1940 (Date received local registrar) (b) J. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 15 year 1940 hour 8 minute 30 P.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 Mitral Stenosis Hypertrophy of Heart Fibrous Pericarditis Oedema of lungs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 92a

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 5 A

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

Address Deputy Coroner Date signed

(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 Jos B Wollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.