

No. 2
4-13-40
5-17-39
PI 223189

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39851**

FILED DEC 1 1940

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **2136**

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 11/10/40
(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
(If outside city or town limits, write "RURAL")

(d) Street No. 2203 Market Street.
(If rural, give location)

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

3. (a) PRINT FULL NAME Walter Lane

3. (b) If veteran, name war World War

3. (c) Social Security No. unknown.

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased December 29, 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>10</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Laborer.

11. Industry or business -

12. Name Charlie Lane

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

14. Maiden name Unknown

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

16. (a) Informant M. Schullig

(b) Address Clinical Clerk, WAF, Jeff. Bks., Mo.

17. (a) BURIAL (b) Date thereof 11 14 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Bernie Lovel

(b) Address 3103 Washington Ave.

19. (a) NOV 13 1940 (b) R. R. Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th
year 1940 hour 9:59 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from November 10, 1940 to November 10, 1940
that I last saw him alive on November 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, chronic, far advanced, active.

Due to -

Due to -

Other conditions None.
(Include pregnancy within 3 months of death)

Major findings: Of operations -

Of autopsy No autopsy.

Duration

Unkn.

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? _____

While at work? Yes (Specify type of place) _____
(Specify type of place) (Cause of injury)

23. Signature C. W. HUGHES, M.D. (M. D. or other) _____

Address Chief Medical Officer. Date signed 11/10/40.

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.....

Melvin Blackburn

Licensed Embalmer No.....

3962

P. O. Address.....

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, fact should be so stated above.