

No. 2  
-13-40  
17-39  
X23159

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
00  
7  
9

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: **Jewish Hospital** **0**  
(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 **William Z. Lancken**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Clara Lancken** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **July 26th 1882**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>58</b>	<b>6</b>	<b>25</b>	hr. _____ min. _____

9. Birthplace **San Antonio / Texas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Metropolitan Police Dept.**

11. Industry or business **St. Louis Mo.**

12. Name **Emil Lancken**

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

14. Maiden name **Anna Heer**

15. Birthplace **New York**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Clara Lancken**  
(b) Address **4409 Castleman Ave.**

17. (a) **Burial** (b) Date thereof **2-24-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Peter & Paul**

18. (a) Signature of funeral director **Kriegshauser Mortuar**  
**4228 So. Kingshighway Blvd.**  
(b) Address

19. (a) **FEB 22 1941** (b) **J. W. Bredebeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**

(c) City or town **St. Louis** **1717**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4409 Castleman Ave.** **9**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **20th**  
year **1941** hour **3:15** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **Jan 31** 19**41** to **2/20** 19**41**, that I last saw him alive on **2/20** 19**41** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the esophagus**

Due to **Carcinoma of the esophagus**  
**Probable primary site stomach**

Due to \_\_\_\_\_

Other conditions **Di**  
(Include pregnancy within 3 months of death)

Major findings: **Hb**  
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 **D**

23. Signature **Alfred Schuman** (M. D. or other) **msd**  
Address **620 11th Street** Date signed **2/24/41**

**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.....

*Edward M. Dermott*

Licensed Embalmer No.....

*3024*

P. O. Address.....

**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, fact should be so stated above.**