

7. S.  
M-1-1-39  
ev. 5-17-39  
I X214

Registration District No. 1757

Primary Registration District No. 3036

Registrar's No. 39

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Five days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Machens  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Thomas Francis Lane

3. (b) If veteran, name war No 3. (c) Social Security No. 490-14-6427

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edna May Jenkins 6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased October 28 1900  
(Month) (Day) (Year)

8. AGE: Years 40 Months 3 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Green Forest, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Laboring

11. Industry or business \_\_\_\_\_  
12. Name Charles Lacy Lane  
13. Birthplace Van Buren, Arkansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary H. Edwards  
15. Birthplace Gracyn County, Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant: Charles Lacy Lane  
(b) Address Postage Box 210, Mo.

17. (a) Burial (b) Date thereof Feb 18 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Cem., St. Charles, Mo.

18. (a) Signature of funeral director H.C. Ballmeys & Sons  
(b) Address 800 N. Second, St. Charles, Mo.

19. (a) 2/16/41 (b) Blair D. Meier  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15  
year 1941 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 13 1941 to Feb. 15 1941  
that I last saw him alive on Feb. 15 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary case Duration 15 hrs.  
Pulmonary embolism

Due to following operation

Due to spinal cord tumor 2 days  
injury to back

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Spinal cord tumor  
Of operations \_\_\_\_\_  
Of autopsy same

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: a

(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence Feb 13 1941  
(c) Where did injury occur? St. Charles, Mo.  
(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) (e) Means of injury Fall out of car

23. Signature A. Perich, M.D. or other \_\_\_\_\_  
Address St. Charles, Mo. Date signed 2/17/41

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

2  
9  
3

72

17 DEC 2  
28

7-2-41

Highway Dept. report -  
Non collision - car run  
off highway -

**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 John E. Dallmeyer

Licensed Embalmer No. 2954

P. O. Address St Charles Mo

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.