

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

Registration District No. **802**

Primary Registration District No. **6046**

Registrar's No. **79**

1. PLACE OF DEATH:

(a) County St. Louis Co.
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Etta Frances Lantz

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

1

5. Color or race W

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

6. (b) Name of husband or wife Husband Age of husband or wife if alive _____ years

Clarence Lantz

7. Birth date of deceased Oct 13 1891
 (Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 20
 If less than one day _____ hr. _____ min.

9. Birthplace Lincoln Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Telephone operator

11. Industry or business _____

12. Name John R. Coulson

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

14. Maiden name Frances Johnson

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

16. (a) Informant Clarence Lantz

(b) Address Douglas Mo.

17. (a) Burial (b) Date thereof Apr. 6 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Lloyd Moore

(b) Address Douglas Mo.

19. (a) Apr 8 (b) J. E. Gering
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmers' Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month April day 3
 year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Sept 27, 1940, to April 3, 1941;
 that I last saw him alive on April 3, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary edema
Chronic Hypertension
Due to Rheumatic Heart Disease
cirrhosis of liver

Duration

4-14-41

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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?
721 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature E. E. Hillman (M. D. or other) _____
 Address Memphis, Tenn. Date signed 4-4-41

RECEIVED

District Health Officer No. 10

District File Number

4-41-653-

Date Filed

APR 10 1941

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 *me*

Registered Apprentice No. *204*

working under my personal supervision.

Signed

Lloyd Moore

Licensed Embalmer No.

3151

P. O. Address

Douglas M

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.

Registration District No. 802

Primary Registration District No. 6046

1. PLACE OF DEATH:

(a) County Schuyler

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

(c) Name of hospital or institution:

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Schuyler

(c) City or town Downing (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Etta Frances Lantz

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

20. DATE OF DEATH Month Apr day 3
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 49 Months 5 Days 20 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____

Major findings: _____

11. Industry or business _____

Of operations _____

12. Name _____

Of autopsy _____

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

Underline the cause to which death should be charged statistically.

14. Maiden name _____ (City, town, or county) _____ (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. E. Gilfillin (M. D. or other) _____
Address Missouri Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

S-12205-