

FILED MAR 17 1942 791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 18510

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community Unknown (Specify whether years, months or days)

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. 4336 Easton Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mack Lane

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Lane, wife 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years about 64 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Chef Cook

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Shirley Smith

(b) Address 2601 Whittier

17. (a) Anatomical Date thereof 2-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. J. Egan

(b) Address 3520 Kutzi

19. (a) FFB 27 1942 (b) J. T. Bredel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16,
year 1942 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from February 16, 1942
14, 42 19. to. 19. 42

that I last saw h. in alive on February 16, 19. 42
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 2 days

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 W. J. Egan (M. D. or other) _____

Address 2601 Whittier Date signed 2/19/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

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.