FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8890
Do not use this space.

1. PLACE OF DEATH
(a) County Homer Phillips Registration District No. 791
(b) Township Primary Registration District No. 1003 Registered No. 2988
(c) City St Louis Mo (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 43 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME H A W Bence Lane
(a) Residence, No. 3970 Delmar St. 9
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mail 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43	2	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as saw mill, bank, etc. Janitor
10. Date deceased last worked at this occupation (month and year) don't know 11. Total time (years) spent in this occupation 18 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER
13. NAME Will Lane
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER
15. MAIDEN NAME Lizzie Cunningham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT Adda Willette
(ADDRESS) 3009 Dickson Clifton

18. BURIAL, CREMATION, OR REMOVAL
PLACE East St Louis DATE 4/3 1942

19. FUNERAL DIRECTOR C. J. Hughes
(ADDRESS) 2754 Sheridan

20. FILED APR 3 1942 J. F. Biedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 21 1942

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Thomas F Callaman M. D.
(Address) Deputy Coroner 4/3/42

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12604

STATEMENT BY LICENSED EMBALMER

I, Glenn E. Anderson, Licensed Embalmer No. 4147

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Glenn E. Anderson

Licensed Embalmer No. 4147

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.)