

399
S. No. 2
M-9-4-41
v. 5-17-39
I X29484

16363

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4416
Registrar's No. 4416

Registration District No. 791 Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
20
17
9

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4255 Vista Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Glenn Lane Joseph Glenn

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 single

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

7. Birth date of deceased May 18 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 9 0 2 hr. 35 min.

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

10. Usual occupation nil

11. Industry or business _____

12. Name Glenn Lane

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

14. Maiden name Ruth Underwood

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

16. (a) Informant Glenn Lane
(b) Address 4255 Vista Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-42
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Friedrichsen Smartquin

(b) Address 4228 So. Highways Blvd.

19. (a) MAY 20 1942 (Date received by Registrar) (b) J. J. Brads (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18, year 1942 hour 10:42 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from May 18, 1942 to May 18, 1942
that I last saw him alive on May 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial hemorrhage: birth

Due to Congenital hydronephrosis bilateral
Congenital hyperostosis bilateral
Due to Congenital polycystic kidney, bilateral

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

Major findings: none
Of operations none
Of autopsy as above

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? _____

(e) Means of injury _____

23. Signature Esso W. Selman (M. D. or other) M.D.
Address 1515 Lafayette Ave. Date signed 5/19/42

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.....
No Embalming..... Registered Apprentice No.....
working under my personal supervision.

Signed

Edwin D. McNamee

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.