. S. No. 2
1—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32154

State File No. 8888

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County S

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

(c) Name of hospital or institution: Christian Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St.Louis 9 19 (If outside city or town limits, write "RURAL")

(d) Street No. 4227 Lindell Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME (Mrs.) Helen Lane

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife L. C. Lane

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct. (Month) 10th (Day) 1875 (Year)

8. AGE: Years 67 Months 0 Days 15 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Michael Charles Keleher
13. Birthplace Red Bud, Ill/ (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Nora Callahan
15. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Bertha Frank

(b) Address 4227 Lindel Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 27th 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Mark L. Tiernon

(b) Address 6100 West Florissant

19. (a) OCT 26 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th year 1942 hour 6: minute 25 P. M.

21. I hereby certify that I attended the deceased from years - prior to 1938, 19 to October 25, 1942; that I last saw her alive on October 25, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Chr.Int.Nephritis. Chr.Myo-Carditis Chr.Diabetes Mellitus - 2 yrs.plus ?? Duration

Due to Diabetic Boils.Albuminuria.

Due to Uremia- Uremic Coma.Gen.Anasarca Cardiac congestion- Pulmonary congestion

Other conditions Cardiac Failure. (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) No

(b) Date of occurrence

(c) Where did injury occur? No (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 5718 Jennings Rd, Date signed 10/26/42

(Licensed Embalmer's Statement on Reverse Side)

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 Mark Tierson

Licensed Embalmer No. 7147

P. O. Address 6100 W. Florissant

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.