

**FILED MAR 2 1943**  
 Registration District No. **318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**  
 (a) County.....  
 (b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Lukes Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... **40 days**  
(Specify whether  
 In this community..... **life**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State..... **Missouri** (b) County..... **000**  
 (c) City or town..... **St. Louis** **17**  
(If outside city or town limits, write "RURAL") **95**  
 (d) Street No..... **5843 Cabanne Avenue**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country..... **0**

**3. (a) PRINT FULL NAME**..... **LAURA F. KANE**

**3. (b) If veteran,** name war..... **none** **3. (c) Social Security** No..... **none**

**4. Sex**..... **female** **5. Color or** race..... **white**  
**6. (a) Single, widowed, married,** **2 divorced... widowed**

**6. (b) Name of husband or wife**..... **Burton C. Kane** **6. (c) Age of husband or wife if** alive..... years

**7. Birth date of deceased**..... **May 10 1872**  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
**70 8 28** hr. min.

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

**10. Usual occupation**..... **at home**

**11. Industry or business**.....

**12. Name**..... **Harry A. Folmer**

**13. Birthplace**..... **New Orleans Louisiana**  
(City, town, or county) (State or foreign country)

**14. Maiden name**..... **Amelia A. Kirk**

**15. Birthplace**..... **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

**16. (a) Informant**..... **Mrs. Elmer Senkosky**

**(b) Address**..... **1732 Boneta Ave., Richmond**

**17. (a) burial** **(b) Date thereof**..... **2-11-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation**..... **Valhalla Cemetery**

**18. (a) Signature of funeral director**..... **C. R. Lupton & Sons**

**(b) Address**..... **7233 Delmar Bly'd, St. Louis**

**19. (a) FEB 11 1943** **(b) J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month..... **Feb.** day..... **8th**  
 year..... **1943** hour..... **10** minute..... **20P.** M.

**21. I hereby certify that I attended the deceased from** **house**  
**1940** to **February 8 1943**  
 that I last saw her alive on **February 8 1943**  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Pulmonary tuberculosis**  
**is infectious**  
**due to ? all healed tubercularis**  
**Neurospinalis (Ray)**  
 Due to..... **?**  
 Due to..... **?**

Other conditions..... **Myocarditis**  
(Include pregnancy within 3 months of death)  
**Arteriosclerosis Exo.**

Major findings:  
 Of operations.....  
 Of autopsy..... **none**

**22. If death was due to external causes, fill in the following:**

**(a) Accident, suicide, or homicide (specify)**.....

**(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?**  
(Specify type of place)  
 While at work?..... **(e) Means of injury**.....

**23. Signature**..... **Frederick P. [Signature]** (M. D. or other)

**Address**..... **864 [Address]** **Date signed**.....

Duration  
**1940 +**  
**1942 +**  
**1943 +**  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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Dr. J. F. W. Clark,  
864 Hamilton Avenue  
CA-2354  
1 to 3:30 P.M.

**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 *Clarence H Murray*  
Licensed Embalmer No. *4211*  
P. O. Address *St Louis, Mo*

**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.**