V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11451

11 APR 15 1943

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 551

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ballwin — Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96 0
(c) City or town Ballwin 0
(If outside city or town limits, write "RURAL")
(d) Street No. Box 12 — Manchester Rd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank Lanham
3. (b) If veteran, name war Unknown
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown 9
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 31 (Day) 1854 (Year)

8. AGE: Years 89 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) 1 (State or foreign country)
10. Usual occupation Unknown
11. Industry or business Unknown
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Pine Crest Home
(b) Address Ballwin Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-5-43 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1416 N. Taylor ave.
19. (a) MAR 8 1943 (Date received local registrar) (b) Dr E. G. McGarvey MD (Registrar's signature) EB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1943 hour 1 minute 25 P.M.
21. I hereby certify that I attended the deceased from February 13th, 1943, to March 1st, 1943 that I last saw him alive on March 1st, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9 3/8
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature R. W. Jansen (M. D. or other)
Address Manchester Mo Date signed 3/3/43

(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 Clement McNaul

Licensed Embalmer No. 3702

P. O. Address St. Louis

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.