

FILED APR 28 1943 818

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.
 (b) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: CITY HOSP. #1.0
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 2 HRS.
 In this community 40 YRS.
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County 000
 (c) City or town ST. LOUIS. (If outside city or town limits, write "RURAL")
 (d) Street No. 1314 HERBERT STR
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country NONE

3. (a) PRINT FULL NAME BENJAMIN E LANIG

3. (b) If veteran, name war NO. 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BESSIE LANIG 6. (c) Age of husband or wife if alive 61 years.

7. Birth date of deceased JUNE 3-1881
 (Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 14 If less than one day: — hr. — min.

9. Birthplace FRANKLIN CO. MO.
 (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business MEAT CUTTER

12. Name UNKNOWN.

13. Birthplace " " 9
 (City, town, or county) (State or foreign country)

14. Maiden name RUTH MONTS

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

16. (a) Informant Mrs. Bessie Lanig
 (b) Address 1314 Herbert St.

17. (a) BURIAL (b) Date thereof APR. 26-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. CHARLES MO

18. (a) Signature of funeral director Brookland and Co
 (b) Address 1827 HOGAN STR

19. (a) APR 19 1943 (Date received local registrar) J. J. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month APR day 17TH
 year 1943 hour 3:52 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
 that I last saw h_____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis;
 Chronic Interstitial Nephritis.

Due to _____

Due to 131

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?

While at work (Specify type of place) _____
 by _____ Means of injury ?

23. Signature Walter Perry (M. D. or other) _____
 Address Centerville Date signed 4/19/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 G. W. Wilbison

Licensed Embalmer No. 3575

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.