

FILED MAR 13 1944

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Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 2070

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours
(Specify whether _____)

In this community 57 years
years, months or days

3. (a) PRINT FULL NAME Mrs. Ida L. Lanser

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 Edward L. Lanser 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 25, 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 3 If less than one day _____ 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 Jacob Duenke

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

14. Maiden name Mary Decker

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

16. (a) Informant Mr. Edward L. Lanser

(b) Address 3919 Iowa

17. (a) Burial (b) Date thereof Mar. 2, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) MAR 2 1944 (Date received local registrar) J. F. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17th

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

(d) Street No. 3919 Iowa
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1944 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 10, 1944 to Feb 28, 1944
that I last saw her alive on Feb 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism

Due to General carcinomatous

Due to Primary carcinoma of breast

Other conditions (Include pregnancy within 3 months of death)

Major findings: ca of breast

Of operations no

Of autopsy no

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?

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. A. [Signature] (M. D. or other) Dr. [Signature]

Address 3806 [Address] Date signed 2-28-44

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.....

Licensed Embalmer No. *3737*

P. O. Address *1936 S. Lincoln*

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.