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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19937

Registration District No. 0 JUN 23 [illegible] 318 Primary Registration District No. 1003 Registrar's No. 5520

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community Life 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 4906 Rear Genevieve
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME August H Lanemann

3. (b) If veteran, name war Yes

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Dec (Month) 10 (Day) 1895 (Year)

8. AGE: Years 48 ~~49~~ Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation Curtis Wright

11. Industry or business

FATHER
12. Name August Lanemann
13. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

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

16. (a) Informant Mary Lanemann
(b) Address 4906 Rear Genevieve Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Kriegshauser Umd Co
(b) Address 4228 So Kingshighway

19. (a) JUN 19 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1944 hour 3.30 PM minute M.

21. I hereby certify that I attended the deceased from March, 1944 to 6-16, 1944
that I last saw him alive on 6-16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Canard Strength

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 Matt J Crane (M. D. or other) MD
Address 5738 W Plummond Date signed 6-17-44

844

(Licensed Embalmer's Statement on Reverse Side)

5738 Flori

JAN 6 1945

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 Edwin D. McDes

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.