V. S. No. 2
00M—2-43
Rev. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32512

State File No.

FILED OCT 20 1944 318

Registration District No.

Primary Registration District No. L1003

Registrar's No. 8669

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

1. PLACE OF DEATH:
(a) County St. Louis City
(b) City or town " "
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 5923 Wabada
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County City
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5923 Wabada Ave.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lon Gharles Lanig.
3. (b) If veteran, name war No
3. (c) Social Security No. 494-07-6469.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth Lanig
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 4, 1875. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	10	7	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Labor
11. Industry or business
FATHER
12. Name Gharles Lanig
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Ruth Mounts
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Mae VanKirk
(b) Address 5923 Wabada Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14/44. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.,
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) OCT 12 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11 year 1944 hour 8 minute a. M.
21. I hereby certify that I attended the deceased from 10-6, 1944, to 10-11, 1944 that I last saw him alive on 10-10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis
Due to Carcinoma of Kidney
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 H. O. Schrepel (M. D. or other) M. D.
Address 4515 Lindell Blvd Date signed 10-11-44

(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.....Allen J Kelly

Licensed Embalmer No.....3225

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.