S. No. 2
OM—8-43
v. 5-17-39
I X37823

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. 114579

FILED MAY 12 1945

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 3831

1. PLACE OF DEATH:

(a) County: St. Louis, 7

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL (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: 477

(a) State: Illinois (b) County: Coles

(c) City or town: Humboldt (If outside city or town limits, write "RURAL") NR

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

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

If yes, name country

3. (a) PRINT FULL NAME: Lanphier, Charles (~~[illegible]~~)

3. (b) If veteran, name war: Nil

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: June (Month) Unk. (Day) 1878 (Year)

8. AGE: Years 66 | Months 10 | Days Unk. | If less than one day hr. min.

9. Birthplace: Coles County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Vernon Lanphier
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name: Anna Molmhoff
15. Birthplace: Hanover (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Fred Lanphier
(b) Address: Humboldt, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Humboldt, Illinois

18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.

19. (a) APR 30 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 29 year 1945 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from 4-25, 1945, to 4-29, 1945, that I last saw him alive on 4-29, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure - Arteriosclerotic Heart Disease, Pulmonary Embolus.

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? Means of injury

23. Signature: (M. D. or other)
Address: BARNES HOSPITAL Date signed 4/29/45

(Licensed Embalmer's Statement on Reverse Side)

844

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 Albert E. Klapp

Licensed Embalmer No. 2971

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.