S. No. 2
M—8-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15317

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4340

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: St. Anthony Hosp. 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town St Mary's Missouri 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Arthur A. Lankford

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Lorene (Moll)

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Aug (Month) 4 (Day) 1905 (Year)

8. AGE: Years 39 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Kaskaskia Island (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Owner

FATHER
12. Name Allen Lankford
13. Birthplace Louisville (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Catherine Clark
15. Birthplace Chester (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Mrs Lorene Lankford
(b) Address St. Mary's, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-45 (Month) (Day) (Year)
(c) Place: burial or cremation Kaskaskia Island Ill

18. (a) Signature of funeral director Basler Fruit Home
(b) Address St Genevieve Mo.

19. (a) MAY 16 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1945 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 7, 1945, to May 11, 1945, that I last saw him alive on May 11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Lrondis Pneumonia Appendicial Abscess

Due to post operative to Drainage of Appendicial abscess

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Appendicial Abscess

Of autopsy

Duration: 3 days 2 weeks

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 Lenhers M. Smith (M. D. or other) O. M. S.

Address 4145 S Grand, St Louis Mo Date signed 5/14/45

(Licensed Embalmer's Statement on Reverse Side)

4340

JUN 5 1945

4340

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 Earl A. Franklin

Licensed Embalmer No. 3472

P. O. Address 4911 Washington Blvd

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.