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P-1 X3597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

34651

State File No. _____

FILED OCT 22 1945

STANDARD CERTIFICATE OF DEATH

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2473

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
627 West Lockwood Ave. /
(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 Missouri (b) County St. Louis 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 627 West Lockwood Ave. 4
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Charlotte White Lanz

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex / 5. Color or race _____

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

6. (b) Name of husband or wife Joseph Louis Lanz

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Oct. 26, 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Groves, Neb.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

12. Name Alexander Lackey

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

14. Maiden name Elizabeth Truslove
(City, town, or county) (State or foreign country)

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant J. Louis Lanz

(b) Address 627 West Lockwood Ave.

17. (a) Burial (b) Date thereof 10/19/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) 10-18-45 (b) E. J. Duran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16 year 1945 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Mar 15 1945 to 10/16/45 that I last saw her alive on Oct. 16 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Antrum with metastasis to spine.

Due to _____

Due to 55d

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature DeBaugh (M. D. or other) _____

Address 105 West Lockwood Ave. Date signed 10/16/45

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

6
7
4

JUN 20 1946

MAR 29 1943

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 *[Signature]*
Licensed Embalmer No. *1994*

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.