

FILED FEB 7 1946 318

State File No. 1055
Registrar's No.

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 8 hours
(Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 910 Biddle Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lolar Lane

3. (b) If veteran, name war - 3. (c) Social Security No. none

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Willie Lane 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased 6 6 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 7 19 hr. min.

9. Birthplace Tuscaloosa Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business in home

MOTHER FATHER { 12. Name ?
13. Birthplace ? ?
(City, town, or county) (State or foreign country)
14. Maiden name Adline Gay
15. Birthplace Tuscaloosa Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Emel Rowan neice
(b) Address 1424 Biddle St. St. Louis, Mo.

17. (a) Burial (b) Date thereof 2-21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Wash. Park Cemetery

18. (a) Signature of funeral director Marie Riley
(b) Address 3759 Finney Ave. St. Louis, 13.

19. (a) JAN 30 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan. day 25th
year 1946 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Apoplexy;

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 Lolar Lane (M.D. or other) _____
Address _____ Date signed 2/29/46

JAN 31 1946

(Licensed Embalmer's Statement on Reverse Side)

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

2733

STATEMENT BY LICENSED EMBALMER

Whereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
Henry H. King....., Registered Apprentice No. *398*,
working under my personal supervision.

Signed *Lawrence E. Woodson*
.....
Licensed Embalmer No. *4341*
P. O. Address *St. Louis 13, Mo*

Noter 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.