

No. 2  
-12-45  
5-17-39  
I X47070

**FILED** SEP 24 1946  
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital - Max C. Starkloff  
(If not in hospital or institution, write street number or location)

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

In this community..... (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME JOSEPH W. LANAHAN

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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 MAY 27 - 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 3 9 + hr. min

9. Birthplace St. Louis MO  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name WM LANAHAN

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

14. Maiden name CATHERINE

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

16. (c) Informant Miss Taylor

(b) Address 2330 Mulholland

17. (a) BURIAL (b) Date thereof SEP 10 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director C. Taylor Wells

(b) Address 4386 Lindell

19. (a) SEP 10 1946 (b) J. J. Gredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County.....

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. Memorial Choe Hotel - 112 1/2 N. 6th  
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6th  
year 1946 hour 8:55 minute A M.

21. I hereby certify that I attended the deceased from 9/1/46  
1946, to Sept. 6th 1946;  
that I last saw h. im alive on Sept. 6th 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cardiac decompensation Duration 10 days

Due to Cor pulmonale years

Due to Chronic Emphysema years

Other conditions..... 95-2  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy Emphysema, Chronic Enlargement of Pulmonary

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 0

23. Signature Herbert Street (As Registrar)  
1515 Lafayette Date signed 9/10/46  
Address.....

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

MOTHER, FATHER

**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

Licensed Embalmer No. *4053*

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.**