

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1410
State File No. _____
Registrar's No. 127

Registration District No. 316 Primary Registration District No. 6075

1. PLACE OF DEATH:

(a) County St. Francois RURAL St. Francois

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

(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs. 2 mos. 19 days.
(Specify whether years, months or days)

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94

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

(d) Street No. 6741 Kenwood, Northwood
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME PAULINE ELIZABETH LACHNIT (LOCHNIT)

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William S. Lachnit

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

7. Birth date of deceased June 6, 1913
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>9</u>	<u>25</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Patrick J. Brady

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

14. Maiden name Alice Hurley

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 4-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd., St. Louis, Mo.

19. (a) 4-19-47 (b) Cather Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1947 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 21, 1946, 19____, to March 31, 1947, 19____;
that I last saw h.er. alive on March 31, 1947, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pulmonary Tuberculosis Duration 2 yrs.

Due to _____

Due to _____

Other conditions Dementia Praecox Psychosis 4 yrs.
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy No autopsy.

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 J. A. Brennan (M. D. or other) _____
Address St. Louis, Mo. Date signed 4/9/47

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

RECEIVED

District Health Officer No. 4
District File Number 447-595
Date Filed 4-29-47

APR 30 1947

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

J. Wm. Dinkley

Licensed Embalmer No. 3633

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.