S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED NOV 7 1947

State File No. 35972

Registration District No. 318

Primary Registration District No.

Registrar's No. 10070

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs. 6 mins. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 21 2103 Cole 4
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Sandrell Jean Lane

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem. 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 10 (Month) 22 (Day) 47 (Year)

8. AGE: Years | Months | Days | If less than one day 8 hr. 6 min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation

11. Industry or business

FATHER
12. Name Moses Wright Lane 1
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Theaster Wade
15. Birthplace Marvell (City, town, or county) Arkansas (State or foreign country) 1

16. (a) Informant Esther H. Sherard, R.R.L.
(b) Address 2601 N. Whittier

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 10-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Ruthven St

19. (a) OCT 31 1947 (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22
year 1947 hour 8 minute 32 P.M.

21. I hereby certify that I attended the deceased from 12:26 P.M. 10-22, 1947 to 8:32 P.M., 1947; that I last saw her alive on 10-22-, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to

Due to

Other conditions Asphyxia- Neonatorum
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature Theodore Blevins (M. D. or other)

Address 2601 N. Whittier Date signed 10-29-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.