V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 6 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39878

Registrar's No. 10894

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 1410 So. Jefferson 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 60 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. 1410 So. Jefferson Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME G. Homer Lanz
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 Married
6. (b) Name of husband or wife Mae Weyyerer
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased February 2 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	9	26	hr. min.

9. Birthplace Perryville Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Custodian
11. Industry or business Metropolitan Life Ins. Co.

MOTHER FATHER
12. Name Thomas Lanz
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Susan Nation
15. Birthplace Perry County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mae Lanz Wife
(b) Address 1410 So. Jefferson Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1 1947
(Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director Beiderwieden Funeral Home Inc.
(b) Address 1936 St. Louis Ave.
19. (a) NOV 28 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28
year 1947 hour 8:20 minute A M.
21. I hereby certify that I attended the deceased from June 1946 to Nov 28 1947
that I last saw him alive on Oct 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	hours
Due to Coronary artery disease	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature Bert H Klein (M. D. or other)
Address 763 S Kingshighway Date signed 11-28-47

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 Glen W. Hat

Licensed Embalmer No. 3737 C

P. O. Address 1936 St. Louis Av

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.