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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2756

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1058**

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

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:
People Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(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
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3117 Lucas
(If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eliza Lanning
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased JAN. 28 1884
(Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Corsicana Texas
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business name

12. Name Louis Robins 9
13. Birthplace UNKNOWN 1
(City, town, or county) (State or foreign country)

14. Maiden name CAROLINE FLEMING 9
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lucille B. Williams
(b) Address 3117 Lucas

17. (a) removal (b) Date thereof 2-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Muskogee, Okla

18. (a) Signature of funeral director _____
(b) Address 1721 Colman St.

19. (a) FEB 2 1948 (b) J. F. Briscoe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1948 hour 3 minute _____ M.
21. I hereby certify that I attended the deceased from Jan 27 1948 to Jan 31 1948
that I last saw her alive on Jan 31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis Duration _____

Due to _____
Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy Jaundice, Hepatitis & Bronchopneumonia

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? _____

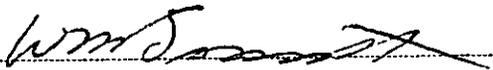
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edmond Noel (M.D. or other) _____
Address 2221 Louisa St. Date signed 2-2-48

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. 4371

P. O. Address. St. Louis 6, 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.