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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

Registration District No. 48

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6625

Registrar's No. 1443

WRITE PLAINLY—USING 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: Infirmary Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11/6/47 to 2/5/48 (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. 2856 Russell Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? VB (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME CHARLES LANE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar (Month) 7 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	10	28	hr. min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Charles Lane 4
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann 7
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St

17. (a) BURIAL (b) Date thereof FEB-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen-Kelly
(b) Address 4386 Lindell

19. (a) FEB 11 1948 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1948 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from Nov 6, 1947 to Feb. 5, 1948; that I last saw him alive on Feb. 5, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the colon with metastasis	2 yrs.
Due to	
Due to	
Other conditions: Emaciation (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy same

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 M. P. Shorney (M. D. or other)

Address 5600 Arsenal Date signed 2-7-48

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 Ralph W. Henson

Licensed Embalmer No. 3291

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.