No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14339

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3377

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home, 309 Kraus (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No (Specify whether
In this community: 5 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Ard
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 309 Kraus st. (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: —

3. (a) PRINT FULL NAME: Thomas Elliot Lanham
3. (b) If veteran, name war: No
3. (c) Social Security No. 489-28-0099
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Estelle Lanham
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. (Month) 2nd (Day) 1898 (Year)

8. AGE: Years 49 Months 5 Days 3 If less than one day: hr. min.

9. Birthplace: De Soto (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Grinder
11. Industry or business: Semi-Steel Casting Corp.
MOTHER FATHER
12. Name: T. M. Lanham
13. Birthplace: Jefferson County, Mo (City, town, or county) (State or foreign country)
14. Maiden name: Midora Williams
15. Birthplace: Jefferson Co. Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Evelyn Spellmeyer Patton
(b) Address: 6726 Virginia Ave St. Louis Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hillsboro Mo.
18. (a) Signature of funeral director: Lee Motherhead
(b) Address: De Soto Mo.
19. (a) APR 7 1948 (Date received local registrar) (b) J. F. Bradcock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 5 year 1948 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from 5 April 1948 to 5 April 1948 that I last saw him alive on 5 April 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	3 da
Due to: Asthma	5 yrs
Due to: Hypertensive Cardio Vascular Disease	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Charles A. Nester (M. D. or other)
Address: 5700 S. Compton Date signed: 6 Apr 48

(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 J. Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address Desoto 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.