

No. 300
10-47
5-17-39
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27934
7123
Registrar's No. _____

FILED AUG 23 1948

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Helen Lane

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, ~~Widowed~~, ~~Married~~, ~~Child~~ Child

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 18th, 1944
(Monthly) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>4</u>	<u>0</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER {

12. Name Alfred M. Lane

13. Birthplace Dixon, Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Dorothea Brinkmann

15. Birthplace Old Monroe, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alfred M. Lane

(b) Address 1406a Madison Street, 6.

17. (a) Burial (b) Date thereof 8/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saint Johns Cemetery
St. Charles, Missouri

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Boulevard

19. (a) AUG 13 1948 (b) J. T. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1406a Madison Street, 6.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th
year 1948 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from 8-10-48
_____ 19_____, to 8-13-48, 19_____;
that I last saw h. or alive on 8-13-48, 19_____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus, Congenital

Duration 4 yrs

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 157

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? _____

While at work? _____ (Specify type of place) _____

(e) Means of injury _____

23. Signature Albert E. Hensel Jr. (M. D. or other) 0

Address 1515 Lafayette Avenue Date signed 8-13-48

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

Ralph C. Lindner

Licensed Embalmer No. *4225*

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.