

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27038
Registrar's No. 7677

FILED SEP 13 1948 318

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County..... St. Louis, Mo.
(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-MaxC. Starkloff
(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)

3. (a) PRINT
FULL NAME

RICHARD LANIUS

3. (b) If veteran,
name war.....

3. (c) Social Security No.

4. Sex M 0 5. Color or
race W 6. (a) Single, widowed, married,
divorced 0
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased 1944 8 - 4 - 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 0 27 hr. min.

9. Birthplace ST LOUIS Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Major LANIUS
13. Birthplace PARIS TENN.
(City, town, or county) (State or foreign country)
14. Maiden name Essie Mayberg
15. Birthplace PARIS TENN.
(City, town, or county) (State or foreign country)

16. (a) Informant ESSIE HORTON
(b) Address 2705 So 10 St.

17. (a) Burial (b) Date thereof 9-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director A. W. M. Laughlin

(b) Address 2301 Lafayette

19. (a) AUG 31 1948 (b) J. B. Buresh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2705 So 10 St
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

Aug.

31st

20. DATE OF DEATH: Month Aug. day 31st
year 1948 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from 8/23/48
to Aug. 31st, 19 48
that I last saw him alive on Aug. 31st, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Toxic Myocarditis

Duration

Due to Diphtheria

Due to.....
Other conditions
(Include pregnancy within 3 months of death) 10

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Robert J. Burke (M. D. or other) M.D.
Address 1515 Lafayette Date signed 8/31/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

C. W. Cooper

Licensed Embalmer No. *3830*

P. O. Address

2301 Lafayette

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.