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7-39  
3906

FILED SEP 24 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 St. Louis

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

(c) Name of hospital or institution:  
Lutheran 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

3. (a) PRINT FULL NAME Bernard H. Lanfer

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

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

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased August 11, 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56	1	6	hr. min.
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9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Beer Bottler

11. Industry or business Anheuser Busch Brewery

12. Name Bernard Lanfer

13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Gerald Lanfer

(b) Address 1215a Sidney

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 9-20-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

(d) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) SEP 19 1948 (Date received local registrar)

(b) J. G. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

Street No. 23 1215 A Sidney St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17, year 1948 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 9-17-48 to 9-17-48, 1948, that I last saw him alive on 9-17-48 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of bowels & bladder  
Primary in bowels

Due to \_\_\_\_\_

Due to H/O

Other conditions Nephritis chr. 4+  
(Include pregnancy within months of death)

Major findings: Cancer of sigmoid bowel & bladder

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 L. F. Murray (M. D. or other)

Address 605 - Riverside Date signed 9-18-48

*Li. Burial  
6659 Burial*

*2  
JUN 14 1949  
71 AM*

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**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 *James R. Dunn*  
- Licensed Embalmer No. *4527*  
P. O. Address *2201 S Grand*

**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.**