

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

63883

FILED MAR 5 1949

State File No. 1597

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____											
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____													
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 40 min.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 19											
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 4315a Tholozen Ave													
3. NAME OF DECEASED (Type or Print) a. (First) Frank			b. (Middle) W		c. (Last) Lanwermeyer		4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1949										
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 19, 1903		9. AGE (In years last birthday) 45									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Clerk		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Washington, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.										
13a. FATHER'S NAME Frank Lanwermeyer			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Josephine Lanwermeyer											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 196-28-3374		17. INFORMANT'S SIGNATURE OR NAME Josephine Lanwermeyer ADDRESS 4315a Tholozen St.												
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.								MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis								DUE TO (b) Chronic Endocarditis.								3 yrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								DUE TO (c) _____									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								92.2 42.4									
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____												
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____												
22. I hereby certify that I attended the deceased from 2/01/49 , 19____, to 2/17/ ____, 1949, that I last saw the deceased alive on 2/17/ ____, 1949, and that death occurred at 8:30A m., from the causes and on the date stated above.																	
23a. SIGNATURE Victor K. Clancy				(Degree or title) D.C.				23b. ADDRESS 3407 S. Grand Blvd.,		23c. DATE SIGNED 2/18/49							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 21, 1949		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Missouri										
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 19 1949 J. B. Resator				25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son, Inc. ADDRESS 2161 E. Fair Ave													

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *William G. Bushko*

Licensed Embalmer No. *2110*

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.