No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11035

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 6076 Registrar's No. 425

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson Barracks, Mo.
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vida
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print): a. (First) WALTER b. (Middle) A. c. (Last) LANE
4. DATE OF DEATH (Month) (Day) (Year): February 24, 1949
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 29, 1888
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months ___ Days 25 — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Newburg, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Arch Lane
13b. MOTHER'S MAIDEN NAME: Sarah (unk)
14. NAME OF HUSBAND OR WIFE: Effie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Registrar — ADDRESS: Veterans Adm. Hosp., Jeff.Brks., Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) VENOUS THROMBOSIS, SUPERIOR MESENTERIC — INTERVAL BETWEEN ONSET AND DEATH: Unk

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) 5702
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Shock 99.1

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 21, *19* 49, *to* Feb. 24, *19* 49, *that I last saw the deceased alive on* Feb. 24, *19* 49, *and that death occurred at* 3:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. E. Stilwell (Degree or title) MD
23b. ADDRESS: VAH, Jefferson Barracks, Mo.
23c. DATE SIGNED: 2/25/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 25, 1949
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Newburg, Missouri

DATE REC'D BY LOCAL REG.: 2-25-49
REGISTRAR'S SIGNATURE: [signature] M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C.Hoffmeister, 7814 So.Bdway., St.Louis, Mo.

(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

Student Embalmer No. .....

working under my personal supervision.

Student .....

Student Embalmer

Signed Leonard C. Hofmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.

APR 4 1949

AUG 8 1949

JUN 21 1949