

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35331

State File No. ....

9394

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Marian Hospital</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>23- 1215a Sidney St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Barbara</b> b. (Middle) _____ c. (Last) <b>Lanfer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10- 29- 1949</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>abt. . 63</b>		9. AGE (In years last birthday) _____ If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 MRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <b>? Schille</b>		13b. MOTHER'S MAIDEN NAME <b>Don't Know</b>		14. NAME OF HUSBAND OR WIFE <b>Bernard Lanfer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gerald Lanfer 1215a Sidney</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture of 12th Ribs Paralysis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pyelitis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) _____ SUICIDE _____ HOMICIDE _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <b>Mo.</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May - 1949</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fall</b>				21g. _____	
22. I hereby certify that I attended the deceased from <b>Feb 1, 1949</b> , to <b>10-29, 1949</b> , that I last saw the deceased alive on <b>10-27, 1949</b> , and that death occurred at <b>12-00</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>H. S. [Signature]</b> (Degree or title) _____				23b. ADDRESS <b>2252c [Address]</b>		23c. DATE SIGNED <b>10/31/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-1-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 31 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. [Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Weick Bro. Und. Co. 2201 S. Grand</b>			

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 *James R. Dunn* .....

Licensed Embalmer No. *4527* .....

P. O. Address *2201 S. Grant* .....

**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.**