

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42693

State File No.

318

1003

Registrar's No. 10816

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>13 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u>				d. STREET ADDRESS (If rural, give location) <u>2317 Eugenia St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IRA</u>			b. (Middle) <u>Roosevelt</u>		c. (Last) <u>LANDS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-15-49</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>10-9-1914</u>		9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laclede Steel Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BATON ROUGE LA.</u>		11. BIRTHPLACE (State or foreign country) <u>BATON ROUGE LA.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Albert LANDS</u>			13b. MOTHER'S MAIDEN NAME <u>Eleanor White</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>412-12-6308</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charlie Lands</u> ADDRESS <u>2317 Eugenia</u>			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Neurothorax left side, Obstruction of left lung, suffered when the automobile driven by deceased struck train of Illinois traction company, on east end of McKinley bridge about 6:30 am</u>					INTERVAL BETWEEN ONSET AND DEATH _____	
	ANTECEDENT CAUSES Morbidity 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. <u>accident</u>						
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>see 2 19 49</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Bridge</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>E. St. Louis Ill 170th</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 2 49 6:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>ADO</u> <u>2317</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:15 A.M.</u> , from the causes and on the date stated above. <u>MM</u>							
23a. SIGNATURE (Degree or title) <u>G. Taylor, MD</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>12-16-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BATON ROUGE LA.</u>		24d. LOCATION (City, town, or county) (State) <u>BATON ROUGE LA.</u>		
DATE REC'D BY LOCAL REG. <u>DEC 16 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennet Lose</u>		ADDRESS <u>3103 Mackay</u>	

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.