

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29037

FILED AUG 22 1950

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1958

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis Co.	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Wellston	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston	4300
d. FULL NAME OF HOSPITAL OR INSTITUTION 6216 Derby Ave.,		d. STREET ADDRESS (If rural, give location) 6216 Derby Ave., 0	

3. NAME OF DECEASED (Type or Print)	a. (First) HARRY	b. (Middle) LANE.	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Aug. 12, 1950.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 23, 1869.	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ireland	12. CITIZEN OF WHAT COUNTRY? 4
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13a. FATHER'S NAME Edmond Lane	13b. MOTHER'S MAIDEN NAME Bridget Foley	14. NAME OF HUSBAND OR WIFE Angie Lane
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Angie Lane, 6216 Derby Ave.,	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4243
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CERVICAL THROAT BURNS	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		4201
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4501	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **MAY 12, 1949**, to **AUG. 12, 1950**; that I last saw the deceased alive on **AUG. 12, 1950**, and that death occurred **6:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Archie G. Smith (Degree or title) M.D.	23b. ADDRESS 1194 Hodiamont	23c. DATE SIGNED 8-14-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 16, 1950	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 8-15-50	REGISTRAR'S SIGNATURE Herbert R. Donta, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark, 1125 Hodiamont Ave.,	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. O.O. White
1194 Hodiament Ave.,

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 me

working under my personal supervision.

Student Embalmer No.

Signed W. S. Saffner

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address Dr. Charles W.

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.