

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10326

FILED MAR 29 1951

State File No. 2626

Registrar's No. 2626

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2626		Registrar's No. 2626											
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, Mo		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) 13 OR TOWN ST. LOUIS		2139													
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital				d. STREET ADDRESS (If rural, give location) 5400 Arsenal St.															
3. NAME OF DECEASED (Type or Print) Mary Lansing			a. (First)			b. (Middle)			c. (Last)										
4. DATE OF DEATH March 19, 1951			(Month)			(Day)			(Year)										
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MAY 24 1875		9. AGE (In years last birthday) 73		10. MONTHS		11. YEAR		12. IF UNDER 18 HRS. Days		13. IF UNDER 18 HRS. Hours		14. IF UNDER 18 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) New Jersey				12. CITIZEN OF WHAT COUNTRY?							
13a. FATHER'S NAME JOHN GROBERG				13b. MOTHER'S MAIDEN NAME UNKNOW N				14. NAME OF HUSBAND OR WIFE GEORGE LANSING (DECEASED)											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME ANNA NEISER				ADDRESS 6046 PENNSYLVANIA							
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease 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 1 wd. 3 yrs.							
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) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? H200											
22. I hereby certify that I attended the deceased from Jan. 1 1949, to Mar. 19, 1951, that I last saw the deceased alive on Mar. 19, 1951, and that death occurred at 9:55 a.m., from the causes and on the date stated above.																			
23a. SIGNATURE (Degree or title) Frank Michelman M.D.				23b. ADDRESS 5400 Arsenal St.				23c. DATE SIGNED 3/19/51											
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR. 21 1951		24c. NAME OF CEMETERY OR CREMATORY LAUREL HILL		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo													
DATE REC'D BY LOCAL REG. MAR 20 1951		REGISTRAR'S SIGNATURE J. B. Zasater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Garrison													

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

Handwritten mark resembling a stylized 'V' or '7'.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

James C. Aldill

Signed.....

Student Embalmer

Licensed Embalmer No.....

43479

P. O. Address.....

2906 *Lawrence*

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.