

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24901
6828

State File No.
Registrar's No.

FILED AUG 15 1951
BIRTH NO. 49277-7 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY 0		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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		e. STREET ADDRESS (If rural, give location) 2625, Walnut	
3. NAME OF DECEASED (Type or Print) Linda Key Lane		4. DATE OF DEATH (Month) (Day) (Year) July 28, 1951	
5. SEX Female ♀	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 28th, 1951
9. AGE (In years last birthday) I		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	
11. BIRTHPLACE (State or foreign country) ST. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Walter Lane		13b. MOTHER'S MAIDEN NAME Mildred McKee	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mildred Lane		ADDRESS 2625, Walnut	
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) Acute Infectious Diarrhea ANTECEDENT CAUSES DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
INTERVAL BETWEEN ONSET AND DEATH 1 week			
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 7/11/51			
22. I hereby certify that I attended the deceased from 7-27, 19 51, to 7-28, 19 51, that I last saw the deceased alive on 7-28, 19 51, and that death occurred at 8:05p m., from the causes and on the date stated above.			
23a. SIGNATURE John Lewis		23b. ADDRESS M. D. 2601 N Whittier St.	
23c. DATE SIGNED 7-30-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/31/ 51	
24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		24d. LOCATION (City, town, or county) (State) MO	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 31 1951 J. B. Karater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2829, Washington Blvd	

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

working under my personal supervision.

This Body was not embalmed

Student Embalmer No.

Signed

[Handwritten Signature]

Signed.....

Student Embalmer

Licensed Embalmer No.

P. O. Address *2829 Washington*

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.