

No. 300
10. 48

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24902
6608
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

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, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2739	
c. LENGTH OF STAY (In this place) 6 Yrs 6		d. FULL NAME OF HOSPITAL OR INSTITUTION CITY INFIRMARY	
2d STREET ADDRESS 213 Lafayette		(If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Ophelia b. (Middle) c. (Last) Lane		4. DATE OF DEATH (Month) (Day) (Year) 7 21 51	
5. SEX Female 3	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH Feb. 24, 1926
9. AGE (In years last birthday) 25		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Louisiana		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Jake Lane	13b. MOTHER'S MAIDEN NAME Virginia Lane	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Infirmary Records, 5800 Arsenal St.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dehydration from Heat Prostration		INTERVAL BETWEEN ONSET AND DEATH 4 Hrs.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION

ANTECEDENT CAUSES: Icteric (Congenital) Idiot-Life
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) O.K. Induced Coronary
 DUE TO (c) J. B. Posater
 7/24/51

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 (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 020.2

22. I hereby certify that I attended the deceased from Jan. 8, 1951, to July 21, 1951, that I last saw the deceased alive on July 21, 1951, and that death occurred at 8:50 AM from the causes and on the date stated above.

23a. SIGNATURE Palmer Romanus Borchard M.D.	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7/25/51	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis County Mo
DATE RECEIVED BY LOCAL REG.	REGISTRAR'S SIGNATURE J. B. Posater	25. FUNERAL DIRECTOR'S SIGNATURE G. Wade GRANBERRY	ADDRESS 4202 Finney

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 Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis, Mo

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.