No. 300
10.48

1879

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39310

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9845

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2129
d. STREET ADDRESS (If rural, give location): 4704 Page Boulevard

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Franklin
c. (Last): Lankford

4. DATE OF DEATH (Month) (Day) (Year): 11 - 2 - 51

5. SEX: Male 2
6. COLOR OR RACE: Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 2/27/1882
9. AGE (In years last birthday): 69 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Bascom Rope Co
11. BIRTHPLACE (State or foreign country): Potosi, Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Phillip Lankford
13b. MOTHER'S MAIDEN NAME: Martha
14. NAME OF HUSBAND OR WIFE: Dolores Lankford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 494-01-7848
17. INFORMANT'S SIGNATURE OR NAME: Dolores Lankford — ADDRESS: 4704 Page.

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) Brain injury, Lt back legs suffered when struck by auto driven by one Russell Cato on Page Blvd. near Marcus Ave. about 605 pm Oct 26 1951

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Accident
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo E8124
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 26 51 6 pm 25
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 25

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 700 P. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alfred Henry Deputy Coron 3
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 11/7/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 4
24b. DATE: 11/7/51
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): St Louis Co. Mo.

DATE REC'D BY LOCAL REG.: NOV-7 1951
REGISTRAR'S SIGNATURE: Earl Smith MLD
25. FUNERAL DIRECTOR'S SIGNATURE: G. W. Bruce — ADDRESS: 4469 Washington Blvd

(Licensed Embalmer's Statement on Reverse Side)

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

Embalmers Report Cut filed

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.