

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10227**
Registrar's No. **2959**

FILED APR 12 1952

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 211	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3639 Cass Ave		d. STREET ADDRESS (If rural, give location) 3639 Cass Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) Marie c. (Last) Lane			4. DATE OF DEATH (Month) (Day) (Year) March 26 1952		
5. SEX Female 3		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -		8. DATE OF BIRTH Oct 9 1913	
11. BIRTHPLACE (State or foreign country) Brinkley Ark				9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 1 HR. Min. 38 5 17	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Luther Coleman		13b. MOTHER'S MAIDEN NAME Laura Billingsley		14. NAME OF HUSBAND OR WIFE Wilbert Lane	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilbert Lane 3639 Cass Ave	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Regional Ileitis		INTERVAL BETWEEN ONSET AND DEATH 2 wks			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbidity 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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 5720	
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22. I hereby certify that I attended the deceased from **March 18, 1952**, to **March 26, 1952**, that I last saw the deceased alive on **3-26, 1952**, and that death occurred at **5:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. H. Randle (Degree or title)		23b. ADDRESS 11 N. Jefferson		23c. DATE SIGNED 3-28-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Mar. 31, 1952		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
				24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Randle & Son 3133 Bell Ave	
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REGISTRAR'S SIGNATURE
J. C. Smith MD
mjb
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *S. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *276 9th Street*

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.