

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33151**
Registrar's No. **8805**

FILED OCT 4 1952

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI PACIFIC HOSPITAL		d. STREET ADDRESS (If rural, give location) 10 1119 a FARLIN AVE	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) BARRY c. (Last) LANIER	4. DATE OF DEATH (Month) (Day) (Year) SEPT, 19, 1952						
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 12, 1901	9. AGE (In years last birthday) 51	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHIEF CLERK	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY A. R. T. CO	11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME JESSIE LANIER	13b. MOTHER'S MAIDEN NAME MARY BARRY	14. NAME OF HUSBAND OR WIFE ELLA LANIER
--	--	---

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 ELLA LANIER	ADDRESS 1119 a FARLIN AVE
---	---------------------------	---	-------------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 days
	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.			

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR 7200

22. I hereby certify that I attended the deceased from Sept 14, 1952, to Sept 19, 1952, that I last saw the deceased alive on Sept 19, 1952, and that death occurred at 2:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE James E. Kester M.D.	(Degree or title)	23b. ADDRESS Mo. Pac. Hosp.	23c. DATE SIGNED 9-19-52
---	-------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/22/52	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. SEP 20 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL	ADDRESS 1600 NATURAL BRIDGE
--	---	---	---------------------------------------

9.03 (Licensed Embalmers' Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 3077

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.