

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **15908**

LD. APR 18 1953
 BIRTH NO. **25251** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3652**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. 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, Mo. 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital.		d. STREET ADDRESS (If rural, give location) 2518 Clara Ave. 0	
3. NAME OF DECEASED (Type or Print) a. (First) Dennis b. (Middle) John c. (Last) Lane.		4. DATE OF DEATH (Month) (Day) (Year) Apr. 6, 1953.	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Mar. 29, 1953.
9. AGE (In years last birthday) Months Days 22		10. CITIZEN OF WHAT COUNTRY? U	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Stephen Lane		13b. MOTHER'S MAIDEN NAME Virginia Pedrotti	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Stephen Lane	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS 2518 Clara Ave.	
18. CAUSE OF DEATH (continued) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra cranial bleeding 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 7 days	
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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 76 00.		22. I hereby certify that I attended the deceased from 3/29, 1953 , to April 6, 1953 , that I last saw the deceased alive on April 6, 1953 , and that death occurred at 4:50 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE Jackson G. ...		23b. ADDRESS 634 N. Grand	
23c. DATE SIGNED 4/7/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Apr. 7, 53.		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE W. J. Quinn	
25. ADDRESS 1389 Union Blv.		DATE REC'D BY LOCAL REG. APR 8 1953	
REGISTRAR'S SIGNATURE W. J. Quinn		REGISTRAR'S ADDRESS	

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 *J. J. Quinn*.....

Licensed Embalmer No. *J. J. Quinn*.....

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.