

No. 300  
10.48  
FILED APR 5 1955THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9854

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2771

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		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2246 Dodier St.		e. STREET ADDRESS (If rural, give location) 20 2246 Dodier St. 220 1/2	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) H. c. (Last) Lanemann			4. DATE OF DEATH (Month) (Day) (Year) March 27, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 12, 1894
9. AGE (In years last birthday) 61		10. IF UNDER 1 YEAR Months	10. IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? Am.		13a. FATHER'S NAME Wm. Lanemann	13b. MOTHER'S MAIDEN NAME Minnie Klump
14. NAME OF HUSBAND OR WIFE Helen Maxwell Lanemann		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 493-05-7214
17. INFORMANT'S SIGNATURE OR NAME Helen Lanemann		17. ADDRESS 2246 Dodier 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction Myocardium Arteriosclerotic Heart Disease Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. Arteriosclerosis DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus	
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? 4200		22. I hereby certify that I attended the deceased from July 1, 1954, to Mar 27, 1955, that I last saw the deceased alive on Mar 9, 1955, and that death occurred at 11:15 AM from the causes and on the date stated above.	
23a. SIGNATURE R. J. Sueseris M.D.		23b. ADDRESS 6000 W Floressant	
23c. DATE SIGNED 3/28/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Mar 30, 1955		24c. NAME OF CEMETERY OR CREMATORY Laurel Hills Gardens	
24d. LOCATION (City, town, or county) St. Louis County		24e. (State)	
DATE REC'D BY LOCAL REG. MAR 28 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Fred C. Henke		ADDRESS 4911 Washington Blvd	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Olmo K. Gadwell*.....

Licensed Embalmer No. *407*.....

P. O. Address *H. L...*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.