No. 300
10-48

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20182

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5028

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

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): 2625 a Ohio St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 23 2625 a Ohio St. 22-29 0

3. NAME OF DECEASED (Type or Print)
a. (First): Bartholomew
b. (Middle): J.
c. (Last): Lane

4. DATE OF DEATH (Month) 6 (Day) 6 (Year) 55

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 12 1875
9. AGE (In years last birthday): 79 — If under 1 year: Months 11 Days 26 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Limerick Ireland 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Lane
13b. MOTHER'S MAIDEN NAME: Elizabeth Collins
14. NAME OF HUSBAND OR WIFE: Helen Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Helen Lane 2625 a Ohio St. ADDRESS

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	ARTERIOSCLEROTIC HEART	
ANTECEDENT CAUSES	DISEASE WITH DECOMPENSATION	5 YRS.
DUE TO (b)	AURICULAR FIBRILLATION	4 YRS.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS	SENILITY.	

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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 ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* JAN., 1923, *to* JUNE, 1955, *that I last saw the deceased alive on* JUNE 4, 1955, *and that death occurred at* 11 35 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph R. Macko MD
23b. ADDRESS: Mission Trusts Bldg.
23c. DATE SIGNED: 6/9/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/10/55
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county): St. Louis (State): Mo.

DATE REC'D BY LOCAL REG.: JUN 9 1955
REGISTRAR'S SIGNATURE: Carl Smith MD MDB
25. FUNERAL DIRECTOR'S SIGNATURE: Robert D. Kinealy ADDRESS: 2228 St. Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.