No. 300
10.48

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

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31135

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1008 Registrar's No. 7904

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): St. Louis State Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
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): 5400 Arsenal Street

2137
8

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

4. DATE OF DEATH (Month) 9 (Day) 5 (Year) 55

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 7-24-75

9. AGE (In years last birthday): 80 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): New York

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James P. Lame

13b. MOTHER'S MAIDEN NAME: Julia Burke

14. NAME OF HUSBAND OR WIFE: none

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.: none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Pat Carter 2331 Mullanphy St.Louis,Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation with auricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerotic heart disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Broncho pneumonia bilaterial
Mental Deficiency

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 420.0

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?

22. *I hereby certify that I attended the deceased from* 3-16, *19* 52, *to* 9-5-, *19* 55 *that I last saw the deceased alive on* 9-5-55, *19* ____, *and that death occurred at* 7:50 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John H. McMahon M.D.

23b. ADDRESS: 5400 Arsenal St.

23c. DATE SIGNED: 9-5-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-8-1955

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

24d. LOCATION (City, town, or county) (State): St.Louis,Mo.

DATE REC'D BY LOCAL REG.: SEP 8 1955

REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Cullen-Kelly 7267 Natural Bridge

(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 emba

by me, or by .....Not embalmed....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....James Lamme

Licensed Embalmer No...414

P. O. Address...St. Louis

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