

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15606**

FILED APR 29 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **344** Registrar's No. **941**

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood | | c. CITY OR TOWN Kirkwood | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 1 1/2 years | | e. STREET ADDRESS (If rural, give location) 302 W. Argonne Drive | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 302 W. Argonne Drive | | | |

| | | | | | |
|--|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) NONA b. (Middle) LANE c. (Last) LANE | | | 4. DATE OF DEATH (Month) (Day) (Year) April 8, 1957 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH Feb. 21, 1883 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months 1 Days 17 IF OVER 1 YRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teacher | | 10b. KIND OF BUSINESS OR INDUSTRY School Teacher | | 11. BIRTHPLACE (City and State or Foreign Country) Kirkwood, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

| | | |
|---------------------------------------|---|---|
| 13a. FATHER'S NAME Dennis Lane | 13b. MOTHER'S MAIDEN NAME Bidget Purcell | 14. NAME OF HUSBAND OR WIFE Single |
|---------------------------------------|---|---|

| | | | |
|--|-------------------------------------|--|--|
| 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. None | 17. INFORMANT'S SIGNATURE OR NAME James P. Lane | ADDRESS 302 W. Argonne Dr. Kirkwood |
|--|-------------------------------------|--|--|

| | | | |
|--|--|--|----------------------------------|
| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ante Parturition / Virus | | 4 hrs |
| | II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Colitis 6 years | | 7 yrs |

| | | |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4500 | 20. AUTOPSY? 2 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) 4-8-57 12:30 PM | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
|--|--|----------------------------------|

22. I hereby certify that I attended the deceased from **1-6-1957** to **4-7-1957**, that I last saw the deceased alive on **4-7-1957**, and that death occurred at **1:30 P.M.**, from the causes and on the date stated above.

| | | |
|--|----------------------------------|--------------------------------|
| 23a. SIGNATURE H. S. SUTTON (Degree or title) | 23b. ADDRESS 02516 SUTTON | 23c. DATE SIGNED 4-9-57 |
|--|----------------------------------|--------------------------------|

| | | | |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4/10/57 | 24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery | 24d. LOCATION (City, town, or county) (State) Kirkwood, Mo. |
|---|--------------------------|--|--|

| | | | |
|--|---|--|-------------------------|
| DATE REC'D BY LOCAL REG. 4-9-57 | REGISTRAR'S SIGNATURE Robert R. Donkey | 25. FUNERAL DIRECTOR'S SIGNATURE H. Bopp, Jr. | ADDRESS Kirkwood |
|--|---|--|-------------------------|

(Licensed Embalmer's Signature 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.....
Signature of Student Embalmer

Signed *Francis J. Weyland Jr.*
Licensed Embalmer No. *4512*

P. O. Address *Richard, Va.*

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.