

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021411
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1283

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14002

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED MAY 23 1962	
1. PLACE OF DEATH	
a. COUNTY St. Louis	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Clayton
Length of stay in lb 3 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hospital	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE Missouri	COUNTY
c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) Apt. 511 Plaza Sq. Bldg. 20	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	
First CORA	Middle D.
Last LANE	
4. DATE OF DEATH April 23 1962	
5. SEX Female	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 20, 1872
9. AGE (last birthday) 89	
IF UNDER 1 YEAR Months 4 Days 5	
IF UNDER 24 HR Hours 5 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) Bowling Green, Ky. U.S.A.	
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Don Q. Smith	
13b. MOTHER'S MAIDEN NAME Luisa Meadors	
14. NAME OF HUSBAND OR WIFE Benjamin F. Lane	
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 Louisa L. Jekel, 511 Plaza Sq. Bldg. 20	
Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Emboli, Pulmonary, Multiple	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease	
DUE TO (c) !!!	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fr. Femur, Left Sub capital	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at Home.	
20c. TIME OF INJURY? Hour ? Month, Day, Year 4-21-62 a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home	
20f. CITY, TOWN, OR LOCATION Clayton, Mo.	
21. I attended the deceased from April 23, 1962 to April 25, 1962 and last saw her alive on April 25, 1962 Death occurred at 2:20pm on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Louis A. Beales, M.D.	
22b. ADDRESS 601 S. Brentwood, Clayton, Mo.	
22c. DATE SIGNED 4/26/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Apr. 27, 1962	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23d. LOCATION (City, town, or county) St. Louis County, Missouri	
24. FUNERAL DIRECTOR Ambruster Mortuary, 6633 Clayton Rd.	
25. DATE RECD. BY LOCAL REG. 4-26-62	
26. REGISTRAR'S SIGNATURE [Signature]	

USE BLACK INK OR TYPEWRITER RIBBON

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,

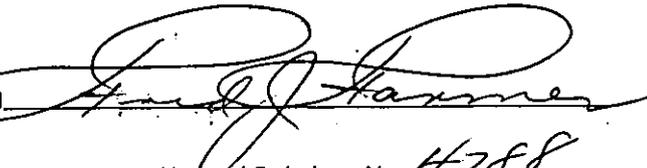
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____



Licensed Embalmer No. 4788

P. O. Address St. Louis, Mo

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.