

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

192

Registration District No. 1000

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

192

## 1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Years  
(Specify whether \_\_\_\_\_)

In this community 40 Years  
(years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. St. John's Hospital  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7th.  
year 1940 hour 3 minute 40 a. m.

21. I hereby certify that I attended the deceased from  
September 1936, to Jan 7, 1940;  
that I last saw him alive on Jan 6, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia, bronchial type 5

Duration

3 da

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

(Includes pregnancy within 3 months of death)

Cardio-renal vascular.

Major findings:

Of operations NoneOf autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_

(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature John C. Murphy (M. D. or other)

Address 940 W. Blvd Date signed Jan 8

3. (a) PRINT FULL NAME Thomas W. Lanahan

8. (b) If veteran, name war None

8. (c) Social Security No. None

4. Sex M. 5. Color or race W.

6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. Unk. Unk. 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 Unk. Unk. hr. min.

9. Birthplace Ill.  
(City, town, or county) (State or foreign country)10. Usual occupation Retired  
(Retail) ~~Shoe Dealer~~ Shoe Dealer

11. Industry or business \_\_\_\_\_

12. Name Thomas Lanahan13. Birthplace Ireland  
(City, town, or county) (State or foreign country)14. Maiden name Unknown  
(City, town, or county) (State or foreign country)15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Rev Vincent F. Erbacher(b) Address St. Louis University

17. (a) Burial (b) Date thereof 1-10-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly(b) Address 3840 Lindell Blvd.

19. (a) JAN 8 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Alfred J. Boedeker*  
Licensed Embalmer No. *2663*  
P. O. Address *4204 Baine*

**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 this body is not embalmed, above space should be left blank.**