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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 25 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23251

Registrar's No. 5696

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, 6
(If outside city or town limits, write "RURAL")

(d) Street No. 5326 Cote Brilliante Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME John J. Lanahan 550

3. (b) If veteran, name war No

3. (c) Social Security No. 707-16-9707

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 23 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
55	6	11	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Traffic Clerk

11. Industry or business Missouri Pacific Railroad Co.

FATHER
12. Name Michael Lanahan
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary O'Brien
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mary Rutherford
(b) Address 5326 Cote Brilliante Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Leo F. Lemart
(b) Address 225 Minnesota

19. (a) JUL 5 1940 (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1940 hour 1 minute 50 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull and Subdural Hemorrhage of Brain Suffered when struck by Auto Over Street Car. Operated by Albert Hoover in front of about 1916 No. Union Ave. About 8:20 PM June 29 1940 — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Caught Injuries could not

Major findings: Of operation Deliriumes

Of autopsy

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) Open Verdict
(b) Date of occurrence June 29 1940
(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Street Car

23. Signature Joseph M. Freeman (M. D. or other)
Address Deputy Coroner Date signed

(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 embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Guy W Wilkinson

Licensed Embalmer No.....3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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