

FILED JUL 13 1942 791

1003

5622

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

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:  
DePaul Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
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. 4033 Connecticut St.  
(If rural, give location) 0  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Loni Crane

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William Crane 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased June 28th 1880  
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Oberzenn Bavaria  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Carl Engelhardt  
13. Birthplace Bavaria  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Bavaria  
(City, town, or county) (State or foreign country)

16. (a) Informant William Crane  
(b) Address 4033 Connecticut St.  
17. (a) Burial (b) Date thereof 7-1-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park  
Kriegshauser Mortuaries  
18. (a) Signature of funeral director.....  
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUN 20 1942 (b) J. F. Prodeek  
(Date received for filing) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th  
year 1942 hour 7:30 minute P.M. M.

21. I hereby certify that I attended the deceased from Apr 30  
1942 to June 28 1942  
that I last saw h. alive on June 28 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Metastatic Carcinoma 2 yrs  
Due to Carcinoma of Rt. mammary gland 3 yrs.

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
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).....  
(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?

23. Signature Doctor Prodeek (Specify type of place) 0  
While at work? (e) Means of injury.....  
Signature Doctor Prodeek (M. D. or other) M.D.  
Address 2202 University Date signed 6-30-42

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

MOTHER FATHER

2202 Dr. Gujdelach University 12-2

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 *Edmund M. G. Herriott*

Licensed Embalmer No. 3024

P. O. Address.....

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, fact should be so stated above.