. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43233

FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 12080

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: St. Marys Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Hours (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 655E. Madison Ave
(If rural, give location)

(e) Citizen of foreign country? U.S.A. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Aloe V. Lane

3. (b) If veteran, name war No

3. (c) Social Security No. 498-16-3891

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Wife Josephine Lane

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Oct. (Month) 17 (Day) 1879 (Year)

8. AGE: Years 68 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Huntsville (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name John Lane
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harrett Simmons
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Josephine Lane
(b) Address 655E. Madison Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3. 48 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem

18. (a) Signature of funeral director John W. Hemphill
(b) Address 408 S. Filmore Ave Kirkwood

19. (a) JAN 2 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day Dec
year 1947 hour 1 minute a. M.

21. I hereby certify that I attended the deceased from Nov 22, 1947, to Dec. 26, 1947
that I last saw him alive on Dec. 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Hypertension

Due to

Other conditions Cardio-Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 200 N. Main St. Charles Date signed 12/30/47

Jefferson City Printing Co.

(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 J. E. Cooper Registered Apprentice No. 505, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 4445

P. O. Address 2829 Washington

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.