

NOV 4 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36755

1. PLACE OF DEATH
County St. Louis Registration District No. 784
Township Clayton Primary Registration District No. 101
City Clayton (No. St. Louis County Hospital) St. 1719 Ward)

2. FULL NAME Robert Lankford
(a) Residence, No. 2534 Withrow, Brentwood, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mendie Lankford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1892
7. AGE YEARS 46 MONTHS 8 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bricklayer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

FATHER
13. NAME William Lankford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

MOTHER
15. MAIDEN NAME Ella Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

17. INFORMANT wife, Mendie Lankford
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crawford Ga. DATE 10-22-38

19. UNDERTAKER Callandersons
(ADDRESS) 615 3rd St. St. Louis

20. FILED OCT 22 1938 W. M. D. P.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/22/38
22. I HEREBY CERTIFY, That I attended deceased from 9/26/38, 19....., to 10/22/38, 19.....
I last saw him alive on 10/22/38, 19..... Death is said to have occurred on the date stated above, at 3:35 A.M.
The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart disease with degeneration
955
Other contributory causes of importance:
Date of onset ?

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify
(Signed) L. M. Cronley, M. D.
(Address) Co. Hosp.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Embalmed by J. McCulloch #2460
6175 Delmar St. Louisville