

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

Do not use this space.

23157

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township St. Louis Mo. Primary Registration District No. 1003  
 City St. Louis Mo. (No. 1505 Clouton St.) St. \_\_\_\_\_ (Ward)

File No. \_\_\_\_\_  
 Registered No. 6852

**2. FULL NAME**

(a) Residence. No. 1505 Clouton St., 26 Ward.  
 (Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27<sup>th</sup> 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
— | — | 1

8. OCCUPATION OF DECEASED Child  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER George Lang

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mo.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Helen Holtrop

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mo.  
 (STATE OR COUNTRY)

14. INFORMANT George Lang  
 (Address) 1505 Clouton St.

15. FILED Max B. Starkloff  
 19. \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28<sup>th</sup> 1927

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1927, to July 28, 1927, that I last saw him alive on July 27, 1927, and that death occurred, on the date stated above, at 10:15 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Atelectasia  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 ds.  
 CONTRIBUTORY (SECONDARY) 102  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No... DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) George R. Pennington M. D.  
July 28, 1927 (Address) 1317 Madison

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cemetery DATE OF BURIAL July 29 1927

20. UNDERTAKER Aug Brockland ADDRESS 1421 N. 9 St

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.

THIS IS A PERMANENT RECORD

