WRITE 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.

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

Do not use this space.

18993

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 18993

Township ..... Primary Registration District No. ..... Registered No. 5405

City St. Louis. (No. 2202 Montana Street. St. ..... Ward)

2. FULL NAME Emma Lang

(a) Residence. No. 2202 Montana Street St., 15 Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 19. 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	7	27	

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

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

PARENTS

10. NAME OF FATHER Dont know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

14. INFORMANT Mrs. F. W. Meier
(Address) 2202 Montana Street.

15. FILED MAY 17 1928 Max C. Starkey REGISTRAR

3 **MEDICAL CERTIFICATE OF DEATH** 5/16

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1928

17. I HEREBY CERTIFY, That I attended deceased from May 12th, 1928, to May 16th, 1928 that I last saw her alive on May 16th, 1928, and that death occurred, on the date stated above, at 5 20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 5 20 PM

93D 1902

Chronic Myocarditis with Acute Dilatation

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Acute Gastroenteritis

(duration) yrs. mos. 5 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) H. C. Klopper, M. D

5/17, 1928 (Address) 3860 S. Broadway.

*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	DATE OF BURIAL
St. Matthew Cemetery	May 18 1928

20. UNDERTAKER	ADDRESS
J. H. Gebhen Lawn Co	2842 Meramec