

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

Do not use this space.

21903

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. Jewish Hospital)

File No.....

Registered No.....

6026

St.....

Ward.....

2. FULL NAME

Samuel Lang

(a) Residence, No.....

5723 Kingsbury

St.....

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

Widowed

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

Sarah Lang

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

Dec. 15-1845

7. AGE

YEARS

82

MONTHS

5

DAYS

19

If LESS than 1
day, _____ hrs.
or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) General nature of industry,
business, or establishment in
which employed (or employer)

Jobber of Hair Goods

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Hungary

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Hungary

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Hungary

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

June 4th 1928

17.

I HEREBY CERTIFY, That I attended deceased from

5-29, 1928, to 6-4, 1928

that I last saw him alive on June 4th 1928, and that
death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic
Myocarditis Uremia arterio-
sclerotic hypertrophy 137 135C

CONTRIBUTORY
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes

DATE OF 5-29-28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Jonas E. Kopelovits

M. D.

, 19

(Address) Mo. Bldg.

*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

Mo. Crematory

June 7 1928

20. UNDERTAKER

ADDRESS

H. Rindskopf

5216 Delmar

14.

INFORMANT

Leo Lang

(Address)

5723 Kingsbury

15.

FILED

JUN -5 1928

19

Wm C Stankov

REGISTRAR

