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

Do not use this space.

2933

791
1003

1. PLACE OF DEATH

County..... Registration District No. 791 1003 File No. 2933

Township..... Primary Registration District No. ..... Registered No. 381

City St. Louis (No. 5504 Delmar Blvd. St. ..... Ward)

2. FULL NAME Johanna Lang

(a) Residence No. 5504 Delmar Blvd. St., 12 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Divorced.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1, 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	8	9	

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

9. BIRTHPLACE (CITY OR TOWN) Denmark
(STATE OR COUNTRY) Germany.

PARENTS
10. NAME OF FATHER Christian Christensen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Denmark
(STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Christina Siefert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Denmark.
(STATE OR COUNTRY) Germany.

14. INFORMANT Mrs. Harry Sharpe
(Address) 5504 Delmar Blvd.

15. FILED JAN 13, 1930 Mark C. Starr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-3-30, 19..., to 1-10-30, 19..., that I last saw h.. alive on 1-10, 1930, and that death occurred, on the date stated above, at 5.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis (chronic)
93C
57A
97 (duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) arthritis, arteriosclerosis (duration) 2 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm. H. Coleman, M. D.
, 19 (Address) 413 Wall 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
Memorial Park Cem	1-13 1930
20. UNDERTAKER	**ADDRESS**
Geo. L. Pleitsch	5966 Easton Ave.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

10 244

11 [illegible] 12.30.

5600