

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

Do not use this space.

17910

1. PLACE OF DEATH

County _____ Registration District No. _____
 Township _____ Primary Registration District No. _____
 City St. Louis (No. Bethesda Hospital) St. _____ Registered No. 4876
 _____ St. _____ Ward _____

2. FULL NAME

Lang Thomas
 (a) Residence, No. Bethesda Home St. 18 Ward. Kirkwood Mo.
 (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 7 4. COLOR OR RACE Wh 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 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 75

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 930 The Mechanics
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 821 Arterio sclerosis
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 97

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

13. NAME Richard Thomas

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Eliquis Hotel 1027 Columbia Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valley View Cem. DATE 5/21/32

19. UNDERTAKER (ADDRESS) Louis J. Bopp Kirkwood Mo.

20. FILED May 19 1932 W. E. Starbuck Registrar.

MEDICAL CERTIFICATE OF DEATH

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1930 to May 18th 1932.
 I last saw her alive on May 18th 1932. Death is said to have occurred on the date stated above, at 6:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
930 The Mechanics
821 Arterio sclerosis
 Other contributory causes of importance: 1/30
Hemiplegia, Apoplectic May 18th 1932

23. Name of operation History & feeding 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? No.
 If so, specify _____
 (Signed) W. E. Starbuck M. D.
 (Address) 1625 West 10th Street, St. Louis, Mo.

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.

