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

Do not use this space.

File No. 30396

Registered No. 8046

1. PLACE OF DEATH

County ..... Registration District No. ..... 7801 SCHUE

Township ..... Primary Registration District No. 1

City St Louis No. ISOLATION HOSPITAL St. ..... Ward)

2. FULL NAME Agnes Lashlade (Agnes A. Lang)

(a) Residence, No. 2113 Allende St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 28, 1873

7. AGE: Years 59 Months 7 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Ferdinand Schaller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Pauline Guenther
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Leona Aurora ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL PLACE: Friedens DATE: Sept. 5, 1932

19. UNDERTAKER (ADDRESS): Math Hermann & Son 4161 Cook Fair Oak

20. FILED SEP -5 1932, 19 Max C. Sanders Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1932, to Sept. 2, 1932

I last saw h. alive on Sept. 2, 1932. Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs —	1927
23A	
95C	

Other contributory causes of importance: Chronic Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

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? .....

If so, specify ..... no

(Signed) Henry H. Lloyd M.D.

(Address) ISOLATION HOSPITAL

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