

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

Do not use this space.

30549

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St. Louis Primary Registration District No. 4107
 City St. Louis (No. 4208 Maffitt) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4208 Maffitt St. 11 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 <u>Male</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosalina M. Dornatt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 13 - 1864</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>5</u>
	DAYS <u>27</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>	
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
FATHER	13. NAME <u>Ferdinand Lang</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Ferd. Lang 4208 Maffitt</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>St. Paul Sept 13, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. T. Stuart</u>		
20. FILED SEP 12 1932 19 <u>Wm. T. Stuart</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1932

22. I HEREBY CERTIFY, That I attended deceased 1932 to 1932, 19.....
 I last saw him alive on Sept 10 1932, 1932. Death is said to have occurred on the date stated above, at 10:35 P.M.
 The principal cause of death and related causes of importance were as follows:
Hemorrhage Gastro-intestinal
Oral cause undetermined
1238
 Date of onset 9/10/32

Other contributory causes of importance:
1238 (1)

Name of operation..... 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) Thomas P. Lawton, M. D.
 (Address) 2743 N. Grand

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.

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