

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 702
Township..... Primary Registration District No. 1423
City St. Louis (No. 7021, Platana)

File No. 7860
Registered No. 7860
St. Ward)

2. FULL NAME

(a) Residence, No. 3658 Paeln 1 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Lang</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26 1852</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>1</u>
	DAYS <u>14</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>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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>Germany</u>		
MOTHER / FATHER	13. NAME <u>Joseph Hartell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Unknown</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Lizzie Bess Williams</u> (ADDRESS) <u>3658 Paeln Av</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mathews</u> DATE <u>9-12 33</u>		
19. UNDERTAKER <u>Wm. B. H. N. Co.</u> (ADDRESS) <u>2929 Jefferson Av</u>		
20. FILED <u>11 1933</u> 19. <u>J. B. Hedrick</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1933 to Sept 10 1933
I last saw her alive on Sept 10 1933 Death is said to have occurred on the date stated above, at 5:00 m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 5 days
93C
82A
93C
Other contributory causes of importance:
Chronic myocarditis

Name of operation..... Date of.....
What test confirmed diagnosis? Physical findings there an autopsy? no

23. If death was due to external causes (violence) all 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 Heart Stomach M. D.
(Signed) Wm. B. Hedrick
(Address) 3101 S. Jefferson Ave
Manlywood Ma

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. **OCT 20 1933**

3/01

Yellow

WHITE PAPER - LEADING LINE

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