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.

MAY 25 1934

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

Do not use this space.

14471

File No.

Registered No. 3647

1. PLACE OF DEATH

County

Registration District No. 791

Primary Registration District No. 1003

Township

City St Louis (No. City Hosp #1 St. Ward)

2. FULL NAME Elmer Lang

(a) Residence, No. 2823 S. 11th St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28-1905

7. AGE: Years 29. Months 1 Days 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

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) St Louis Mo

FATHER

13. NAME John Franklin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Mo

MOTHER

15. MAIDEN NAME Ida Budges

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Mo

17. INFORMANT Harry Lang
(ADDRESS) 2823 S. 11th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE April 12 1934

19. UNDERTAKER John A. Gentemann
(ADDRESS) 5077 Pruant Ave.

20. FILED MAY 11 1934 19 J. T. Bredick Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/9 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/4, 1934, to 4/9, 1934

I last saw her alive on 4/9, 1934. Death is said to have occurred on the date stated above, at 7 55 p.m.

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

	Date of onset
Lobular Pneumonia	4/4
(Streptococcus Hemolyticus)	1934
Empyema Thoracis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Path. 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? No

If so, specify

(Signed) [illegible], M. D.

(Address) City Hosp #1