

NOV 13 1934

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

Do not use this space.

37608

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **3930 Olive St**)

File No.....
Registered No. **10054**
St. Ward)

2. FULL NAME

Barbara Lang
(a) Residence, No. **3930 Olive** St. **19** Ward.
(Usual place of abode)
Length of residence in city or town where death occurred **50** 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 John J Lang				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4-1836				
7. AGE	YEARS 98	MONTHS 2	DAYS 10	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife			
	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) Germany				
FATHER	13. NAME George Bergmann			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
17. INFORMANT (ADDRESS) John Lang 4985 Schollmeyer Ave.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Perryville Mo DATE 10-16 19 34				
19. UNDERTAKER (ADDRESS) Albert H. Tappe Inc 11219 N. Euclid Ave. UOI 15 1007				
20. FILED 19 1934 J. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 14** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 1** 19**34** to **Oct 14** 19**34**
I last saw her alive on **Oct 12** 19**34** Death is said to have occurred on the date stated above, at **5:45 P.** m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
930
99

Date of onset **3**

Other contributory causes of importance: **Arteriosclerosis**

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?.....
If so, specify.....
(Signed) **Hatchheimer**, M. D.
(Address) **681 1/2 Gravois Ave**

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.

