

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.

DEC 22 1934

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

Do not use this space.

40608

1. PLACE OF DEATH

County St. Louis Registration District No. _____
Township Central Primary Registration District No. 6033
City Cockburn, Mo. No. 2316 Spencer St. _____ Ward _____

File No. _____
Registered No. 324

2. FULL NAME

Russell Lang
(a) Residence, No. 2316 Spencer 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen M. Lang
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1905
7. AGE YEARS 29 MONTHS 4 DAYS 26 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S.
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) Suedborg, Mo.

13. NAME Herman Lang

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lacedella, Mo.

15. MAIDEN NAME Ollie Beasley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co., Mo.

17. INFORMANT (ADDRESS) Miss Helen M. Lang #2316 Spencer

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Oak Grove Burial Nov 29 1934

19. UNDERTAKER (ADDRESS) O. P. Rupton 1001 Olive St. #4629

20. FILED 11-28-34 1934 Adl. Roomer Registrar

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27th 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:15 a.m.

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

Thyrototoxicosis, large toxic thyroid, very predominant, causing cardiac decompensation, Myocarditis, general anasarca, urimia. Date of onset _____

Other contributory causes of importance: W.B.

Name of operation _____ Date of _____
What test confirmed diagnosis? Diagnosis's view 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 _____

Signature Sub. Simon M.D. 11/27/34
Address 3718 Jennings Rd. from St. Louis, Mo., 1934

JUL 22 1955

OCT 20 1955