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 20 1935

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

Do not use this space.

38162

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 A — Registered No. 379
City (No. 125 Little Broadway St. Ward)

2. FULL NAME Mamie Lang
(a) Residence, No. 125 Little Broadway 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: Female
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: John

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 13, 1901

7. AGE: YEARS 34 — MONTHS 8 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): St. Louis Missouri

FATHER
13. NAME: John Thouvenot
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

MOTHER
15. MAIDEN NAME: Carrie Heath
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Mrs. Carrie Bishop 125 Little Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Park DATE Nov. 9, 1935

19. UNDERTAKER (ADDRESS): C Hoffmeister U. & L. Co. 7814 So. Broadway

20. FILED Nov 8, 1935 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-6-, 1934, to 11-6-, 1935
I last saw her alive on 11-6-, 1935. Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Phthisis	

Other contributory causes of importance: La grippe contracted in October 1934

Name of operation none Date of
What test confirmed diagnosis? Laboratory 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) Louis F. Mowry, M. D.
(Address) 1831-S-9th St.

1021 No. 91