

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.

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

Do not use this space.

AUG 26 1936

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis

Registration District No. **791**
 Primary Registration District No. **1003**
 (No. 4815 Allemania Ave.)

File No. 32349
8166
 Registered No.
 St. Ward)

2. FULL NAME Joseph Lang

(a) Residence, No. 4815 Allemania St. 2 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 Barbara Lang

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14th. 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 7 18

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

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 Mo.

13. NAME Charles Lang

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Barbara Lang (ADDRESS) 4815 Allemania Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul DATE Aug. 5, 1936

19. UNDERTAKER John L. Ziegenhein & Sons (ADDRESS) 7027 Gravois Ave.

20. FILE AUG 3 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936, to August 2, 1936.
 I last saw him alive on August 1, 1936. Death is said to have occurred on the date stated above, at 7:30 a. m.

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

Diabetes several years standing

Myocardial Insufficiency

Other contributory causes of importance:

59

Date of onset about July 20-21

Name of operation None Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury Jan, 19.....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Recent Myocardial Insufficiency (Signed) August W. Thomas, M. D.
 (Address) 8000 Morris Ave

