SEP 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 32689

Township ..... Primary Registration District No. 1003 Registered No. 8562

City St. Louis (No. St. Anthony's Hospital St. ..... Ward)

2. FULL NAME Catherine Lang

(a) Residence, No. 6080 Arsenal St. St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Edward Lang

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 22, 1876

7. AGE: Years 60 Months 4 Days 25 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): St. Louis Mo.

FATHER
13. NAME: Robert Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Edward Lang 6080 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old St. Marcus DATE 8-19 1936

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED AUG 17 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-16 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1936, to Aug 16, 1936
I last saw her alive on Aug 15, 1936. Death is said to have occurred on the date stated above, at 6:45 A.M. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver

Date of onset

Other contributory causes of importance: Chr. hepatitis & cholecystitis

Name of operation Explor. Laparotomy Date of 8/11-36
What test confirmed diagnosis? Lab. & Exam. 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) J. C. Hirschwalder, M. D.
(Address) Metropolitan Bldg.

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.

Dr L.C. Hirschenroeder
1^{30} - 3 P.M.
Metrp. Bldg.