

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.

Am 10/13/37

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

Do not use this space.

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph. (No. St. Joseph Hospital.) St. _____ Ward _____

2. FULL NAME Fredericka Lang.
 (a) Residence, No. 1535 Henry St. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 11205
 Registered No. 316

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Lang.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1885.
7. AGE YEARS 81 MONTHS 3. DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
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) 1927 **11. Total time (years) spent in this occupation** _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg Germany.
13. NAME Carl Furstman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT Vena Furtell
 (ADDRESS) 1535 Henry St. St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL
 PLACE Alma, Kansas. DATE March 14, 1937
19. UNDERTAKER Clark Mortuary
 (ADDRESS) 5026 King Hill Av. St. Joseph, Mo.
20. FILED 3/12 19 37 H. J. Weatherbury
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1937, to March 10, 1937
 I last saw her alive on March 10, 1937 Death is said to have occurred on the date stated above, at 4:40 P. m.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
 Date of onset 3/10/37
 Other contributory causes of importance:
Arteriosclerotic cardiovascular disease
Bronchitis + pleurisy 12/20/36
 Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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) C. Grant, M. D.
 (Address) 6707 King Hill Ave. St. Joseph, Mo.

OCCUPATION
FATHER
MOTHER

