

JUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

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

Registration District No.....
Primary Registration District No.....
6952 Lindenwood Ave.

791
1003

File No. 25951
Registered No. 7125
St. Ward)

2. FULL NAME Edward A. Lang

(a) Residence, No. 6952 Lindenwood Ave. St. 3 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Catherine Lang

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 1 12

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Liggott & Meyers

10. Date deceased last worked at this occupation (month and year) about 3 weeks ago 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME John Lang

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

15. MAIDEN NAME Elizabeth Feag

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

17. INFORMANT Dorothy Davidson
(ADDRESS) 6952 Lindenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Marcus DATE 7-28 19. 37

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

20. FILED JUL 27 1937 Registrar. J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26th 193722. I HEREBY CERTIFY, That I attended deceased from July 26, 1937 to July 26, 1937

I last saw him alive on July 26, 1937 Death is said to have occurred on the date stated above, at 3:45 a.m.

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

uremia
1/27/37

Other contributory causes of importance:

Chronic Interstitial Nephritis
Arterio Sclerosis
1935
1934

Name of operation..... Date of.....

What test confirmed diagnosis? usual Was there an autopsy?.....

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 Tobacco Worker(Signed) V. C. Ferguson, M. D.(Address) 3833 Johnson

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.

344-2

W.C. Owen
3853. Tolson
6693 1-3