

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

32657

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **8711**
 (c) City **St Louis** (d) Street No. **En Route City Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Arthur Lang
 (a) Residence, No. **3769a Kossuth Ave** St. **10**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Mildred Lang**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 18 1901**

7. AGE YEARS **36** MONTHS **6** DAYS **28** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Filling Station Operator**
 9. Industry or business in which work was done, as 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) **Collinsville Ill**

FATHER 13. NAME **John Lang**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

MOTHER 15. MAIDEN NAME **Anna Wilbert**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

17. INFORMANT (ADDRESS) **Mrs Mildred Lang 3769a Kossuth**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Bethlehem Cem** DATE **Sept 20 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Beiderwieden Funeral Home Inc 1936 St Louis Ave**

FILED **17 1937** (19) **J. H. Bredeck** Local Registrar.

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 16 1937**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **10:45 A.M.**
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Nephritis
Edema of the Brain.

Other contributory causes of importance:

Name of operation..... 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..... 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) **Joseph M. Zumb...** M.D.
 (Address) **...**

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.

1469

1-2655

STATEMENT BY LICENSED EMBALMER

I, G. W. Hatz, Licensed Embalmer No. 3737
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed G. W. Hatz
Licensed Embalmer No. 3737

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)