

REC'D JUN 9 1938

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

16282
Do not use this space.791
1003

Registered No. 4143

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis Missouri (d) Street No. BARNES 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 Foster Lang

(a) Residence, No. 4251 W. Belle St. 11 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE COL. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 11 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LABORER
 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) NATCHEZ MISSISSIPPI

FATHER 13. NAME UNKNOWN
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME CHARLOTTE PAYNE
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT E. V. B. Y. N. HOLLAND
(ADDRESS) 4215 GARFIELD AVE.18. BURIAL, CREMATION, OR REMOVAL PLACE WASHINGTON PARK DATE 5/5/3819. FUNERAL DIRECTOR (NAME) E. L. GARNER
(ADDRESS) 2829 WASHINGTON AVE.20. FILED MAY - 5 1938
J. P. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/2/38 1922. I HEREBY CERTIFY, That I attended deceased from 4-6-38, 19, to 5-2-38, 19.I last saw him alive on 5-2-38, 19. Death is saidto have occurred on the date stated above, at 2:30 p.m.

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

Carcinoma, primary in trachea Date of onset Oct '36?

Other contributory causes of importance:

Tracheal obstruction
obstruction of superior vena cava

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where 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 injury24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) C. M. Smith, M. D.
BARNES HOSPITAL
 (Address)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3994

Isaac Jerome Marlone

or by

Registered Apprentice No., working under my personal supervision.

Signed Isaac Jerome Marlone

Licensed Embalmer No. 3994

P. O. Address 2829 Washington

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.)

If this body is not embalmed, above space should be left blank.