

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24248**
Registrar's No. **6521**

Registration District No. **1008**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether years, months or days)

In this community 27 years 6 mos 23 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1714a Arlington Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Ethel A Lang **520**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased January 1 1912
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>27</u>	<u>6</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Household

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Monaghan

13. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Emilie Meyer

15. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred A Lang

(b) Address 1714a Arlington Ave

17. (a) Burial (b) Date thereof 7/26/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Way St. Mausoleum

18. (a) Signature of funeral director W. J. Brubach

(b) Address 1936 St. Louis Ave

19. (a) Jul 25 1939 (Date received local registrar)

(b) J. B. Brubach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1939 hour 10 minute 15 AM.

21. I hereby certify that I attended the deceased from July 18, 1939, to July 24, 1939
that I last saw her alive on July 24, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of bowels 6 days

Due to diaphragmatic hernia from infancy

Due to Premature birth 7 1/2 mo

Other conditions see above
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: enlarged small intestine in perineum

Of autopsy none

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature N. H. Halborg (M. D. or other) _____
Address 4963 Hamilton Date signed 7/25/39

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, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *[Handwritten Signature]*

Licensed Embalmer No. *3737*

P. O. Address *1936 H. Louis*

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.