

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.

**791** SEP 14 1939  
**1003**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Days (Specify whether  
 In this community 30 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")  
 (d) Street No. 2227 Arsenal St. (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Minnie Lang 520  
**3. (b) If veteran, name war** None **3. (c) Social Security No.** None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month August day 4, year 1939 hour 5:10 minute \_\_\_\_\_ A. M.

**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Widowed  
**6. (b) Name of husband or wife** Louis Lang **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** January 2, 1856  
 (Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** August 2, 1939, to August 4, 1939, that I last saw her alive on August 4, 1939, and that death occurred on the date and hour stated above.

**8. AGE:** Years Months Days If less than one day  
83 7 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

**Immediate cause of death** Carcinoma of Stomach **Duration** \_\_\_\_\_

**9. Birthplace** Mascoutah, Illinois  
 (City, town, or county) (State or foreign country)

**Due to** \_\_\_\_\_  
**Due to** \_\_\_\_\_  
**Other conditions** never Metastases  
 (Includes pregnancy within 3 months of death)

**10. Usual occupation** Housewife

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**11. Industry or business** Home  
**MOTHER FATHER**  
**12. Name** Unknown  
**13. Birthplace** Mascoutah, Illinois  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Margaret Dettmar  
**15. Birthplace** Unknown  
 (City, town, or county) (State or foreign country)

**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? \_\_\_\_\_

**16. (a) Informant's own signature** Mary L. Lang  
**(b) Address** 2225a Arsenal St.  
**17. (a) Burial** (b) Date thereof 8-7-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Old S.S. Peter & Paul

**While at work?** \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**18. (a) Signature of funeral director** Witt Bros.  
**(b) Address** 2929 S. Jefferson Ave.  
**19. (a) AUG 4 1939** (b) \_\_\_\_\_  
 (Date received local registrar) (Signature)

**23. Signature** Georn Pike (M. D. or other) \_\_\_\_\_  
**Address** City Hospital **Date signed** 8/4/39

APR 8 1942

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 Paul A. Shankh, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Paul A. Shankh  
Licensed Embalmer No. 3472  
P. O. Address 2929 S. 1st St.

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.