

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

29128  
Do not use this space.

REC'D SEP 12 1939

1. PLACE OF DEATH **GREENE** Registration District No. **318**  
 (a) County  
 (b) Township Primary Registration District No. **2001** Registered No. **610**  
 (c) City **SPRINGFIELD** (d) Street No. **St. John's 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Julian Sang**  
 (a) Residence, No. **St. Louis Missouri** St.  **St. Louis, Mo.**  
 (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 **Carrye Sang**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 17 1892**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**47 2 17**

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Salesman**  
 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) **Russia.**

FATHER  
 13. NAME **Simon Sang**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia.**

MOTHER  
 15. MAIDEN NAME **Unknown**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

17. INFORMANT **Carrye Sang**  
 (ADDRESS) **St. Louis Mo.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **St. Louis, Mo.** DATE **Aug. 5 1939**

19. FUNERAL DIRECTOR (NAME) **H.H. Lohmeyer**  
 (ADDRESS) **Springfield, Mo.**

20. FILED **Aug 5 1939** **Chas A. George** Local Registrar (Address) **Springfield Mo.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 4 1939**

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on **Aug. 4 1939**. Death is said to have occurred on the date stated above, at **4 p.m.**  
 The principal cause of death and related causes of importance were as follows:  
**Basal Fracture skull when motor vehicle overturned**  
 Date of onset  
 Other contributory causes of importance:  
**Fracture left 2nd rib**  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide. **Residence** Date of injury **8/4/39**  
 Where did injury occur? **11 mi N. of Springfield, Mo. On highway #66** (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. **In public place**

Manner of injury **Automobile overturned**  
 Nature of injury **Basal skull fracture also fracture left femur**

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) **Chas A. George** M. D.  
 (Address) **Springfield Mo.**

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

X