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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
RECD SEP 7 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30178

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1427

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Carondelet (If outside city or town limits, write "RURAL" and name of township) Bonnerly Ins
(c) Name of hospital or institution: Koch Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 yrs. (Specify whether years, months or days) In this community 35 yrs.

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. 4022 Lexington (If rural, give location)
(e) If foreign born, how long in U. S. A.? 35 years.

3. (a) PRINT FULL NAME OLGA LANG 520

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 26, (Day) 1899 (Year)

8. AGE: Years 39 Months 9 Days 14 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Typist

11. Industry or business

FATHER
12. Name Albert Lang
13. Birthplace (City, town, or county) Austria (State or foreign country)

MOTHER
14. Maiden name Agnes Sheller
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Koch Hosp. Records
(b) Address Koch, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 12, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) AUG 11 1939 (Date received by local registrar) (b) T. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1939 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from 4-16, 1930, to 8-10, 1939 that I last saw h. alive on 8-10, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	12 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy Pulmonary Tuberculosis

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature B. Friedman, M.D. (M. D. or other)
Address Koch Hosp. Koch, Mo. Date signed 8-10-39

(Licensed Embalmer's Statement on Reverse Side)

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

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 Leonard Hamilton

Licensed Embalmer No. 2967

P. O. Address 2161 E. Fair

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

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