

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. 9320
Registrar's No. 2803

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4952 Lotus Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Amelia Lang
(b) If veteran, name war No
(c) Social Security No. No

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 22 1851
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 2
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business unknown

MOTHER FATHER
12. Name Henry Brockman
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Springmeyer
15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elsie Miller
(b) Address 4952 Lotus

17. (a) Burial (b) Date thereof 3-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd

19. (a) MAR 26 1940 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 4952 Lotus Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 24
year 1940 hour _____ minute 9:20 A. M.

21. I hereby certify that I attended the deceased from March 1, 1940, to March 24, 1940.
that I last saw her alive on March 22, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral left side of head
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? Yes
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R. J. Rydler (M. D. or other) MD
Address 415 E. = Newstead Date signed 3/25

Duration _____
Physician _____
Underline the cause to which death should be charged statistically.

Joe Miller

415-8 711-1111

601111

From 1 - 2 pm

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 Joe E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 61757 Delmar

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.