

FILED JUL 17 1940

1003

Registrar's No. 4782

Registration District No. 791

Primary Registration District No. 1003

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

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: ST. MARY'S INF.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 WKS.  
In this community UNK.  
years, months or days

8. (a) PRINT FULL NAME Thaddeus Lang 520

3. (b) If veteran, name war - - - 3. (c) Social Security No. NIL

4. Sex M 5. Color or race Colored 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive - - - years

7. Birth date of deceased 11-12-1907  
(Month) (Day) (Year)

8. AGE: Years 32 Months 6 Days 15 hr. - min.

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

10. Usual occupation PRESSER (CLOTHES)

11. Industry or business

MOTHER FATHER { 12. Name UNKNOWN 9  
13. Birthplace UNKNOWN (City, town or county) (State or foreign country)  
14. Maiden name UNKNOWN 9  
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Records of St. Mary's

(b) Address 1536 Papin St

17. (a) REMOVED (b) Date thereof 6/31/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. ST. LOUIS, ILL.

18. (a) Signature of funeral director R. M. C. Lee

(b) Address 3517 Jackson Ave

19. (a) JUN 1 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 (If outside city or town limits, write "RURAL.")  
(d) Street No. 2711 No. 77th (If rural, give location)  
(e) If foreign born, how long in U. S. A. - - - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 27  
year 1940 hour 9 minute 25 A M.

21. I hereby certify that I attended the deceased from May 12th 1940, to May 27 1940  
that I last saw him alive on May 27 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute glomerular nephritis  
Cause unknown

Due to 130

Other conditions Secondary anemia  
(include pregnancy within 3 months of death)

Major findings: Of operations None  
Post hepatic & chronic passive congestion of liver  
Chronic passive congestion of lungs  
Chronic passive congestion of kidneys

22. If death was due to external cause, 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? - - -

While at work? (Specify type of place) (d) Means of injury - - -

23. Signature Ralston S. Mitchell (M.D. or other) MD  
Address 1536 Papin St Date signed 5/31/40

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. 1173

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.