

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34208

State File No.

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

8905

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 11 Days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME John George Lang3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive Deed years7. Birth date of deceased Jan 27th. 1869
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 9 2 hr. min.9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)10. Usual occupation Clerk Office11. Industry or business Unemployed12. Name Julius Lang13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Martha Humphreys(b) Address 848 West Agatite Chgo Ill17. (a) Cremation (b) Date thereof 10/31/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Crematory18. (a) Signature of Harrison & Sheehan Und Co(b) Address 4415 Washington Blvd19. (a) OCT 29 1940 (b) J. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 5
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1220 Goodfellow Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29,
year 1940 hour 12:05 minute A. M.21. I hereby certify that I attended the deceased from September 18, 1940, to October 29, 1940;
that I last saw him alive on October 29, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of Head of Pancreas

Due to.....

Due to.....

Other conditions H/O
(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?

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

23. Signature William H. Elliott (M. D. or other) 10/29/40
Address 1515 Lafayette Ave. Date signed

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.....

Homer Fritz

Licensed Embalmer No. *3882*

P. O. Address.....

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, fact should be so stated above.