

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36755**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8929**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **City Hospital No 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Charles A Lang**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Mary Lang** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept. 21 1885**
(Month) (Day) (Year)

8. AGE: Years **85** Months **1** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Lithographer**

11. Industry or business _____

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Charles Lang**

(b) Address **3137 Oregon Ave.**

17. (a) **Burial** (b) Date thereof **Nov 4th**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Picker**

18. (a) Signature of funeral director **Probert**

(b) Address **2906 Gravois Ave.**

19. (a) **NOV 2 1940** (b) **J. F. Brubaker**
(Date received from 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. **3137 Oregon Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **Life.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **31**
year **1940** hour **1 30** minute **PM.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Intestinal

Due to **Perforated**

Due to **Chronic Intestinal**

Myocardial

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

Major findings: **Acute Schum**

Of autopsy **131**

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 **5**

23. Signature **John M. D. or other**

Address **Deputy Coroner** Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Leo Budde, Registered Apprentice No.
working under my personal supervision.

Signed.....

Leo Budde
Licensed Embalmer No. 3989

P. O. Address. St. Louis, Mo.

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, fact should be so stated above.