

No. 2
1-13-40
17-39
X23159

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 9064

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: St. Francis Hospital
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5326 Murdock Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME William G. Lang

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Lang 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan. 11 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Shoe salesman

11. Industry or business _____

12. Name Peter Lang

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

14. Maiden name Christine Spieth

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

16. (a) Informant Margaret Lang

(b) Address 5326 Murdock Ave.

17. (a) Burial (b) Date thereof 11-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 4 1940 (b) J.F. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd
year 1940 hour 6:45 minute _____ P.M. 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 _____

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) _____

23. Signature Joseph M. Buddeck (M.D. or other) _____

Address St. Louis Date signed _____

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

MOTHER FATHER

Reveries

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 *Edwin A. Gennett*

Licensed Embalmer No. *3024*

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, fact should be so stated above.