

No. 2
4-13-40
5-17-39
I X23159

FILED DEC 1940

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 2187

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
228 GRAY 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 32 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL.")

(d) Street No. 228 GRAY AVE.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ELLEN JOHANNA LANG

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov - day 19
year 1940 hour 2:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct-4
1, 1940, to Nov-19, 1940
that I last saw h.u. alive on Nov-19, 1940
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife CHRISTOPHER LANG 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCTOBER-26-1868
(Month) (Day) (Year)

Immediate cause of death Myocardial Degeneration

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>		<u>23</u>	_____ hr. _____ min.

Due to Intestinal Nephritis 10-9-40

Due to _____

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

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

11. Industry or business _____

MOTHER FATHER { 12. Name MICHAEL J. GORMAN

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

14. Maiden name MARY A. WALSH

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

Major findings: Of operations 131

Of autopsy _____

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

16. (a) Informant M. Angela Rackbauer
(b) Address 3 Elm - Kirkwood mo

17. (a) BURIAL (b) Date thereof NOV-22-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Parker and co
(b) Address WEBSTER GROVES MO

19. (a) NOV 20 1940 (b) M.A. [Signature]
(Date received local registrar) (Registrar's signature)

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 Arthur W. Westrup (M. D. or other) _____
Address Webster Groves Mo Date signed 11-20-40

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 *E. B. Aldrich*.....

Licensed Embalmer No. *1332*.....

P. O. Address *Isleboro Grove*.....

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.