

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

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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 336242
8532
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(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 23 Days
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 1722
(If outside city or town limits, write "RURAL")
(d) Street No. 1031 Morrison Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Lang
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louisa
6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased August 12, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>2</u>	<u>20</u>	hr. min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER { 12. Name Louis Lang
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Keisler
15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address St. Louis City Hospital #1.

17. (a) Cremation (b) Date thereof 10 30 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director N. J. White
(b) Address City Hospital No. 1

19. (a) OCT 29 1941 (b) J. F. Brudeck
(Date between local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 1.
year 1941 hour 2:55 minute A. M.
21. I hereby certify that I attended the deceased from September 8, 1941 to October 1, 1941
that I last saw him alive on October 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 97
Major findings:
Of operations _____
Of autopsy _____
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) (e) Means of injury S
23. Signature M. M. Karl (M. D. or other)
Address 1515 Lafayette Ave. Date signed 10/1/41

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.....

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.