

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo.
(c) Name of hospital or institution: Jewish Hos'p
(d) Length of stay: In hospital or institution 6 weeks
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 2836 Hampton Ave
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Samuel Lang

3. (b) If veteran, name war none
3. (c) Social Security No. 492-03-8558

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, wid.

6. (b) Name of husband or wife Carrie Rosenthal Lang
6. (c) Age of husband or wife if alive

7. Birth date of deceased July 2, 1875

8. AGE: Years 66 Months 9 Days 5

9. Birthplace St. Louis Mo.

10. Usual occupation Salesman

11. Industry or business Scruggs- Vand. & Barb.

12. Name Tobias Lang
13. Birthplace Germany

14. Maiden name Rosie Epstein
15. Birthplace Germany

16. (a) Informant Selma Maye
(b) Address 4356 Lindell Blvd

17. (a) Burial (b) Date thereof 4/9/42
(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director
(b) Address 4356 Lindell Blvd

19. (a) APR 8 1942 (b) G. F. Medeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-24-42 to April 7 1942
that I last saw him alive on 4-6-42 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Lung
Duration 4 mo.

Due to 478
Other conditions: 157
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy: Carcinoma of Lung
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (d) Means of injury
23. Signature W.P.D. Stoll (M. D. or other)
Address 4624 Taylor Date signed 4/18/42

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

MOTHER FATHER

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 Albert W. Kays

Licensed Embalmer No. 1861

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.