FILED AUG 11 1942

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22912

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6372

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2722a Hampton 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 179
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2722a Hampton Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Lang Jr.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 30th (Day) 1937 (Year)

8. AGE: Years 4 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name George Lang
13. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Mary Seper
15. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant George Lang
(b) Address 2722a Hampton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 2822 So. Kingshighway Blvd.

19. (a) JUL 29 1942 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th year 1942 hour 5:55 minute P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 , and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus Congenital Malformation Fragility of skull with Child claimed dead fell to floor after life premature stone 3420 North

Due to

Due to Laughingman on July 25 1942 about 4:15 pm

Duration

Other conditions
(Include pregnancy within 3 months of death)

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) Accident 1000
(b) Date of occurrence July 25 1942
(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? Public Place (Specify type of place)
While at work? No (e) Means of injury Fall

23. Signature Thomas F Callaway (M.D. or other)
Address Deputy Coroner Date signed 7/29/42

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed. Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.