

X32873

**FILED MAR 31 1943**

Registration District No. **316**

Primary Registration District No. **3060**

Registrar's No. **212**

**1. PLACE OF DEATH**

(a) County **St. Francois**  
(b) City or town **Farmington Mo**  
(c) Name of hospital or institution:  
**St. Gladys**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **56 years** (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **Reinhart P. Lang**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married **1**  
**divorced** **Married**  
6. (b) Name of husband or wife **Sarah Waters, Lang** 6. (c) Age of husband or wife if  
alive **55** years  
7. Birth date of deceased **Oct 7 1886**  
(Month) (Day) (Year)

8. AGE: Years **56** Months **3** Days **25** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Farmington Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **Salesman**  
12. Name **Fran Lang**  
13. Birthplace **Farmington, Mo** (City, town, or county) (State or foreign country)  
14. Maiden name **Josephine Snyder**  
15. Birthplace **Callman St. Louis Co Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Reverend Lang (daughter)**  
(b) Address **Farmington Mo**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb 4 1943**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Farmington Mo**

18. (a) Signature of funeral director **C. J. ...**  
(b) Address **Farmington Mo**  
19. (a) **Feb 6 1943** (Date received local registrar) (b) **Roydie Duhmeister** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **St. Francois**  
(c) City or town **Farmington Mo** (If outside city or town limits, write "RURAL")  
(d) Street No. **319 W. Columbia** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Feb** day **2**  
year **1943** hour **12** minute **A.** M.  
21. I hereby certify that I attended the deceased from **1937**  
**1937** to **Feb 2 1943**  
that I last saw him **alive on Feb 22 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**  
Due to **Coronary Disease & Hypertension** Duration **6 yrs.**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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 **Geo. H. Walters** (M. D. or other) **2-3-43**  
Address **Farmington Mo.** Date signed \_\_\_\_\_

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

MOTHER FATHER

1196

RECEIVED

District Health Officer No. 4  
District File Number 343-1867  
Date Filed 3-5-43

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 me, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed W. Hoyle

Licensed Embalmer No. 4084

P. O. Address Farmington, Me.

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.