V. S. No. 2
00M—2-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15446

Registration District No. 377 Primary Registration District No. 6076 Registrar's No. 815

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town ~~8310~~ Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8310 Page
(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:
(a) State Mo. (b) County St. L. 96
(c) City or town Wellston ~~St. Louis~~ 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8310 Page
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William J. Lang
3. (b) If veteran, name war World War No. 1
3. (c) Social Security 489-01-6056
4. Sex Male
5. Color or race Wh
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 February (Month) 23 (Day) 1889 (Year)
8. AGE: Years 54 Months 1 Days 19 If less than one day hr. min.
9. Birthplace Pittsburg (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation Telegrapher
11. Industry or business
FATHER
12. Name William J. Lang
13. Birthplace Allegheny (City, town, or county) Pa. (State or foreign country)
MOTHER
14. Maiden name Mary E. Huckestein
15. Birthplace (City, town, or county) Pa. (State or foreign country)
16. (a) Informant Mrs. Charles Klarsk
(b) Address 8310 Page
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd.
19. (a) APR 15 1943 (Date received local registrar) (b) C. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1943 hour 9:50 minute A. M.
21. I hereby certify that I attended the deceased from April 10, 1943 to April 12, 1943 that I last saw him alive on 4-12, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina Pectoris	2 days
Due to: Coronary Disease	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — 94a	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Lew J. Kuely M.D. (M. D. or other)
Address 8100 Pool Blvd. Date signed 4-13-43

(Licensed Embalmer's Statement on Reverse Side)

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

96
0
0

C
-44
9/43

APR 21 1943

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 G. Hoppe

Licensed Embalmer No. 2971

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.