

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

FILED JUL 31 1943 318

1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
In this community Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17  
(d) Street No. 3905 Page (If rural, give location) 9 11  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Horace Langs

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 4 (Month) 24 (Day) 1943 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23,  
year 1943 hour 10 minute 00 P. M.  
21. I hereby certify that I attended the deceased from July  
21, 1943 to July 23, 1943  
that I last saw him alive on July 23, 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death Malnutrition

8. AGE: Years 2 Months 29 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Infant

11. Industry or business

12. Name Winston Langs  
13. Birthplace Delta Bend Mills (City, town, or county) (State or foreign country)  
14. Maiden name Faura Robinson  
15. Birthplace Newark Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Winston Langs  
(b) Address 3905 Oak Boulevard  
17. (a) Burial (b) Date thereof 7-26-43 (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director B. W. Bruce  
(b) Address 1003 N. Garrison  
19. (a) JUL 26 1943 (b) J. H. French (Registrar's signature)

Duration Life  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Prematurity (Include pregnancy within 3 months of death) Life

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) (c) Means of injury \_\_\_\_\_  
23. Signature C. R. Mery (M. D. or other) 7/25/43  
Address 2601 White Date signed \_\_\_\_\_

(not Embalmed)

STATEMENT BY LICENSED EMBALMER

*J. W. Bruce*

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.**