

FILED JAN 31 1945

Registration District No. 318

Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town St Louis
 (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 6 days (Specify whether
 In this community 27 years (Specify whether
 years, months or days)

3. (a) PRINT
FULL NAMEBert Lang3. (b) If veteran,
name war3. (c) Social Security
No.

4. Sex Male Color or race Negro
 6. (a) Single, widowed, married,
 divorced Married
 6. (c) Age of husband or wife if
 alive 49 years
 7. Birth date of deceased Aug. 4 1884
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 9 hr. min.

9. Birthplace Pickensville Alabama
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Jim Lang
 13. Birthplace Picken sville Ala.
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace ? Ala.
 (City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant (Mrs.) Jeanetta Lang
 (b) Address 2743 Delmar Blvd. (6)
 17. (a) Burial (b) Date thereof Jan. 20-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place of burial or cremation Washington Park, Ceme.
 18. (a) Signature of funeral director Peoples Und. Co.
 (b) Address 3100 Franklin Ave. (6)
 19. (a) JAN 19 1945 J. F. Bredenk
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
 (c) City or town St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2743 Delmar
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
 year 1945 hour 8 minute P M.
 21. I hereby certify that I attended the deceased from
January 7, 1945 to January 13, 1945
 that I last saw h. im alive on January 13, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Chr Nephritis Duration Unknown

Due to

Due to

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 stati-
 stically.

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 Alva Moore (M. D. or other)
 Address 2601 N Whittier St Date signed 1/15/45

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.....

John K. Peters
.....
Licensed Embalmer No. *4584*
P. O. Address. *St. Louis, Mo.*

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.