

FILED MAR 25, 1945

Registration District No. 31

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. March 13, 1945
(Specify whether
In this community since March 13, 1945
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 979
(c) City or town Waterloo 11
(If outside city or town limits, write "RURAL")
(d) Street No. 510 S. Library Street
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME

Fred B. LANG

3. (b) If veteran,

name war World War #1

3. (c) Social Security

No. unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Mary LANG

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Nov. 24, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 3 19 hr. min.

9. Birthplace Waterloo, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

Unavailable

12. Name Unavailable
13. Birthplace Unavailable
(City, town, or county) (State or foreign country)

14. Maiden name Unavailable
15. Birthplace Unavailable
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Records
(b) Address Vet. Adm. Fac., Jeff. Brks., Mo.

17. (a) Removal (b) Date thereof Mar 19, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo, Illinois

18. (a) Signature of funeral director Albert L. Greenman

(b) Address Waterloo, Illinois

19. (a) MAR 20 1945 (b) E. E. McQuinn, M.D.
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th,
year 1945 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from March 13, 1945, to March 15, 1945.
that I last saw him in alive on March 15, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL THROMBOSIS DUE TO CEREBRAL ARTERIOSCLEROSIS. Duration 5 days

Due to -
Due to -

Other conditions Hypertension.
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation.
Of autopsy No autopsy. 8301

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) no
(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 E. V. EDWARDS, Major, M.C. (M. D. or other)
Address CLINICAL DIRECTOR. Date signed 3/16/45

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

JUN 7 1945

APR 9 1945

JUN 11 1945

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 Bern H. Baldurini
Licensed Embalmer No. 2420
P. O. Address East Stone's Hill

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.