V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35526

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9803

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2122 Allen Ave.
(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 DEACESED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2122 Allen Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marie Anna Lang
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 18 (Day) 1863 (Year)

8. AGE: Years 82 Months 6 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER 12. Name Frederick Ehredt
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Margaret Oberhaus
(b) Address 3725 Hydraulic Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Walker-Bilderle
(b) Address 3634 Gravois Ave.
19. (a) NOV 13 1945 (Date received by local registrar) NOV 13 1945 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11 year 1945 hour 7 minute 00 A. M.
21. I hereby certify that I attended the deceased from 9-15-45 September 15, 1945 to November 10, 1945 that I last saw her alive on November 10, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Chronic Myocarditis

Due to Arteriosclerosis

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 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 Henry G. Pieper M.D. (M.D., proper)
Address 4136 S. Grand Blvd. Date signed 11-13-45

(Licensed Embalmer's Statement on Reverse Side) Dr. A. Jungel consultant

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 Frank J. Hylands

Licensed Embalmer No. 2645

P. O. Address St Landonio

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.