. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 9 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 15326

Registrar's No. 4153

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ono

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1731 Elliott
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John W. Lang

3. (b) If veteran, name war World War #1

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Nora

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 30th, 1886
(Month) (Day) (Year)

8. AGE: Years 60 | Months 9 | Days 1 | If less than one day hr. min.

9. Birthplace Pacific (City, town, or county) Missouri (State or foreign country)

10. Usual occupation houseman

11. Industry or business Lutheran Hospital

FATHER 12. Name Conrad Lang

13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Nora Lang

(b) Address 1731 Elliott, St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 5, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery Jefferson Barracks, Mo.

18. (a) Signature of funeral director Warker-Kelderk U & L. Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) MAY 2 1947 (Date received by registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1947 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from Octoa, 1945, to May 1, 1947, that I last saw h. alive on May 1, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	1 hr
Due to Coronary Atherosis	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 Lauenbaum (M. D. or other)

Address 3651 Grandel Sq. Date signed 5-2-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUN 17 1947

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 Robert C Wheeler

Licensed Embalmer No. 2178

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.