FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 11 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6675

Registrar's No. 1959

1. PLACE OF DEATH:
(a) County
(b) City or town ST, Louis MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-4-47 to 2-25-48 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town ST, Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1011 North 16th
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME August Lung
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 11 (Day) 1872 (Year)

8. AGE: Years 76 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name August Lung
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Christian Lung
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant City Infy, Records
(b) Address 5800 Arsenal ST.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAR 2 6 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25 year 1948 hour 11 minute 20A M.
21. I hereby certify that I attended the deceased from 9-4 1947, to 2-25 1948, that I last saw him alive on 2-25 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure, acute	
Congestive	
Due to hypertension	
Due to senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy as above	

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 [illegible] (M. D. or other)
Address 5600 Arsenal Date signed 2-25-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

1939

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.