

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County Saint Louis
 (b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1485 Stewart Place 1
(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

3. (a) PRINT FULL NAME LANG - BERTHA MAY

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 married
 (b) Name of husband or wife Phillip Lang 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased Sept 19 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>6</u>	<u>16</u>	hr. min.

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

10. Usual occupation Housewife

MOTHER {
FATHER {

11. Industry or business _____

12. Name August Schaeffer 4
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Kathelmina Ottehan
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Lang
 (b) Address 1448 Stewart Place

17. (a) Burial (b) Date thereof 4 - 8 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Birth Center Mortuary
 (b) Address 4024 Lindell Blvd.

19. (a) APR 7 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1485 Stewart Place
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
 year 1948 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from Oct 1st 1947, to Apr. 5 1948
 that I last saw h. or alive on Apr 5 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic 1 yr.
 Due to old age
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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 Dr. Howard M. Foster (M. D. or other) M.D.
 Address 5059 A ST. LOUIS AV. Date signed 4/6/48

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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 Ronald Yahnke

Licensed Embalmer No. 3917

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.