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 15 1948

Registration District No. 30

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 15005

Registrar's No. 1192

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lemay Nursing Home 4
(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: 606
(c) City or town: St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No.: 1110 Dover Pl. 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME: Minnie Lang
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Edward P. Lang
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: December 23, 1867 (Month) (Day) (Year)
8. AGE: Years 80 Months 4 Days 16 If less than one day ..... hr. ..... min.
9. Birthplace: Illinois (City, town, or county) (State or foreign country) 1
10. Usual occupation: None
11. Industry or business .....
MOTHER FATHER
12. Name: Christian Leonhardt
13. Birthplace: G ermany (City, town, or country) (State or foreign country) 4
14. Maiden name: Mary Rite
15. Birthplace: Germany (City, town, or country) (State or foreign country) 4
16. (a) Informant: Mrs. Dorothy Paule
(b) Address: 5618 S. Grand Blvd.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Burial Park
18. (a) Signature of funeral director: Southern Funeral Home
(b) Address: 6322 S. Grand Blvd
19. (a) 5-12-48 (Date received local registrar) (b) Cecil G. Stapp (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9th year 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from June, 1948 to May 9, 1948 that I last saw her alive on May 9, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	2 days
G 30	
Due to: Arterio sclerosis	5 yrs
Hypertension	" "
Due to: Chronic Myocarditis	" "
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: B. A. O'Sullivan (M. D. or other) MD
Address: 421 N. Schermer Date signed: 5-11-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DR. GEO. A. O'SULLIVAN 16 3
421 W. SCHIRMER
PL 1242

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.