

#89129

FEDERAL SECURITY AGENCY  
National Office of Vital StatisticsMISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **31187**FILED SEP 20 1948  
Registration District No. **318**Primary Registration District No. **1003**Registrar's No. **7949**

## 1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
 (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:  
St. Louis City Hospital - Max C. Starkloff  
 (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 GEORGE LANG3. (b) If veteran, name was Spanish American 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Rose 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 10th 1873  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>4</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Henry Lang13. Birthplace Germany (City, town, or county) (State or foreign country)14. Maiden name Mary Murphy15. Birthplace Ireland (City, town, or county) (State or foreign country)16. (a) Informant Rose Lang(b) Address 1713a N. Jefferson Ave.17. (a) Burial (b) Date thereof 9/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cemetery18. (a) Signature of funeral director Sullivan's(b) Address 2849 N. Euclid Ave.19. (a) SEP 10 1948 (b) J. P. Reulak  
(Date received local registrar) (Registrar's signature)

## 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. 1713a N. Jefferson Memorial 20  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10th  
 year 1948 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from 8/21/48  
 \_\_\_\_\_, 1948, to Sept. 10th, 1948,  
 that I last saw him alive on Sept. 10th, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage Duration 7 days  
 Due to Bleeding peptic ulcer 7 days

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 William W. Carter MS  
1515 Lafayette 9/10/48 or other \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed

*Robert L. Bankman*

Licensed Embalmer No. *3553*

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.**