

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 2 1951

State File No. **6342**
1671
Registrar's No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St Louis) | | c. CITY (If outside corporate limits, write RURAL and give township) St Louis 2022 | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) 4815 Allemania | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4815 Allemania | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Barbara | | b. (Middle) | |
| c. (Last) Lang | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1951 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH Feb 8, 1870 |
| 9. AGE (In years last birthday) 81 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 11. BIRTHPLACE (State or foreign country) St Louis, Mo. |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Mathew Sika | | 13b. MOTHER'S MAIDEN NAME not known | 14. NAME OF HUSBAND OR WIFE Joseph Lang |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Fred Lang ADDRESS 4822 Allemania |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIO SCLEROTIC HEART DISEASE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DISABE DUE TO (c) HYPERTENSION II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BRONCHO PNEUMONIA | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4200 | |
| 22. I hereby certify that I attended the deceased from OCT 15, 1950 , to FEB 17, 1951 , that I last saw the deceased alive on FEB 17, 1951 , and that death occurred at 1 P m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) George A. Daman MD | | 23b. ADDRESS 5203 Chippewa | 23c. DATE SIGNED 2/19/51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 2/20/51 | 24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem. | 24d. LOCATION (City, town, or county) (State) St Louis, Mo. |
| DATE REC'D BY LOCAL REGISTRY 1951 02 23 | REGISTRAR'S SIGNATURE J B Rosater | 25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons ADDRESS 7027 Gravois | |

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

1297

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.