

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35318
Registrar's No. 9572

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. E001		REGISTRAR'S NO. 9572													
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____											
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis				c. LENGTH OF STAY (In this place) _____				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2119											
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				/d. STREET ADDRESS (If rural, give location) 4222 W Bell				U											
3. NAME OF DECEASED (Type or Print)			a. (First) James		b. (Middle) _____		c. (Last) Lang		4. DATE OF DEATH (Month) (Day) (Year) Oct. 26 1951										
5. SEX Male 2		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 7		8. DATE OF BIRTH 8-2-1892		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min _____							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) Virginia /				12. CITIZEN OF WHAT COUNTRY? U S A							
13a. FATHER'S NAME Lewis Land				13b. MOTHER'S MAIDEN NAME Lathesia Daveny				14. NAME OF HUSBAND OR WIFE None											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nellie Tyndall, 4417 W Belle Pl													
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								INTERVAL BETWEEN ONSET AND DEATH							
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Malnutrition								Undet.							
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis								Undet.							
				DUE TO (c) _____															
				II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Extensive Ulceration of both Legs															
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) _____ m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 4500											
22. I hereby certify that I attended the deceased from 10-12, 1951, to 10-26, 1951, that I last saw the deceased alive on 10-26, 1951, and that death occurred at 8:30p m., from the causes and on the date stated above.																			
23a. SIGNATURE M. D. O. M. D. O.								(Degree or title)				23b. ADDRESS 2601 N Whittier St				23c. DATE SIGNED 10-29-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 10-30-51				24c. NAME OF CEMETERY OR CREMATORY Washington Park				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.							
DATE REC'D BY LOCAL REG. OCT 29 1951				REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE [Signature]				ADDRESS 3704 Finney							

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student Embalmer No.....

Signed.....

Lawrence C. W. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No.....

4341

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.