

FILED JAN 16 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44147

No. 300

10-48

-XC 1-720 088

REG# 104992

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3295

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON		
b. CITY (If outside corporate limits, write RURAL and give township) TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 99 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) TOWN ARNOLD		d. STREET ADDRESS (If rural, give location) RURAL ROUTE # 1
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL					
3. NAME OF DECEASED (Type or Print) a. (First) FERDINAND b. (Middle) B. c. (Last) LANG (SR.)			4. DATE OF DEATH (Month) (Day) (Year) 12-23-52		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-15-90	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR Months Days 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASST. STATE SERV. OFFICER		10b. KIND OF BUSINESS OR INDUSTRY VETERANS ORGAN.	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME FLORIAN LANG		13b. MOTHER'S MAIDEN NAME JOSEPHINE HAGER	14. NAME OF HUSBAND OR WIFE JOSEPHINE H. LANG		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-I		16. SOCIAL SECURITY NO. 488261925	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, MISSOURI		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE WITH DEATH IN CARDIAC FAILURE.					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BRAIN, PARIETAL, TEMPORAL AND OCCIPITAL LOBES, LEFT, ENCEPHALOMALACIA					
19a. DATE OF OPERATION					
19b. MAJOR FINDINGS OF OPERATION					
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-15-1952 , to 12-23-1952 , that he was deceased on 12-23-1952 , and that death occurred at 8:35P m. , from the causes and on the date stated above.					
23a. SIGNATURE <i>[Signature]</i>			23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.		23c. DATE SIGNED 12-23-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/23/52	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.	
DATE REC'D BY LOCAL REG. 12-26-52		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co., 7420 Michigan	

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

(Licensed Embalmer's Statement on Reverse Side)

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 Ronald O Yahn

Licensed Embalmer No. 3917

P. O. Address St Louis

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.