

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19608**  
Registrar's No. **5379**

FILED JUN 10 1953

REG. DIST. NO. **318**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>2 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>4201 Enright</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital 2119</b>		3. NAME OF DECEASED a. (First) <b>Arthur</b> b. (Middle) c. (Last) <b>Lang</b>	
4. DATE OF DEATH <b>May 27 1953</b>		5. SEX <b>MALE</b>	
6. COLOR OR RACE <b>BLACK</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>OCT. 8. 1899</b>		9. AGE (In years last birthday) <b>53</b> If under 1 year: Months <b>7</b> Days <b>19</b> If under 24 hours: Hours <b>19</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auto Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Garage</b>	
11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Ben Long</b>		13b. MOTHER'S MAIDEN NAME <b>Eubanks Lucy</b>	
14. NAME OF HUSBAND OR WIFE <b>—</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or date of service)	
16. SOCIAL SECURITY NO. <b>271-18-5143</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Bessie McCullen</b>	
17. ADDRESS <b>4201 Enright</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>BRONCHOGENIC CARCINOMA WITH METASTASIS</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1</b>		*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	
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? <b>162X</b>		22. I hereby certify that I attended the deceased from <b>5-1</b> , 19 <b>53</b> , to <b>5-27</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>5-27</b> , 19 <b>53</b> , and that death occurred at <b>9:10p</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Edna G. Brooks M. D.</b>		23b. ADDRESS <b>2601 N Whittier St</b>	
23c. DATE SIGNED <b>5-28-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>June 2, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem. St. Louis Co., Missouri</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Carl Smith</b>	
DATE REC'D BY LOCAL REG. <b>MAY 29 1953</b>		25. ADDRESS <b>3849 Windeon</b>	

(Licensed Embalmer's Statement on Reverse Side)

By **C.H.A.**

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

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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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*F. C. Green*

Licensed Embalmer No. *296<sup>13</sup>*

P. O. Address *4217 Delmar*

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.