

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32190

State File No.

FILED OCT 3 1956

8249

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN CHESTERFIELD		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hamilton Convalescent Home				e. STREET ADDRESS (If rural, give location) R.R. 1 CHESTERFIELD MO			
3. NAME OF DECEASED (Type or Print) a. (First) BERT		b. (Middle) H		c. (Last) LANG		4. DATE OF DEATH (Month) (Day) (Year) September 6th, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Nov 5 - 1870	
9. AGE (in years last birthday) 85		IF UNDER 1 YEAR Months 10 Days 1		IF UNDER 24 HRS. Hours 1 Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice-President of 1st			10b. KIND OF BUSINESS OR INDUSTRY National Bank		11. BIRTHPLACE (City and State or Foreign Country) Troy Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JAMES LANG			13b. MOTHER'S MAIDEN NAME HENRIETTA VANDELL		14. NAME OF HUSBAND OR WIFE HARRIET C. LANG		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 497-18-6738A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS BEN LANG 5965 W. CABANNE 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis. ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis. DUE TO (c) Interstitial Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.					INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 2 yrs. 2 yrs.
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Natural Causes			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from Jan 10, 1954 , to Sept 6, 1956 , that I last saw the deceased alive on Sept 6, 1956 and that death occurred at 10:45 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Scott Newey M.D.		(Degree or title)		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED Sept 6-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-8-56		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. SEP 6 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS m R. Lupton & Sons 7233 Delmar Blv'd.			

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

1951 8 6 11:15

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.....
Signature of Student Embalmer

Signed *Clarence A. Mur*.....

Licensed Embalmer No. *4011*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.