FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 35793

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8701

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo. Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 725 S. Skinker Length of stay in 1b 2 5 9

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis Inside Limits Yes ☐ No ☐
STREET ADDRESS 725 S. Skinker (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JULIA Middle B. Last LANG
4. DATE OF DEATH Month 9 Day 20 Year 56
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 5/22/1861
9. AGE (In years last birthday) 95
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) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Cincinatti Ohio
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Abraham Block
14. MOTHER'S MAIDEN NAME Sarah Silverman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Miss Vivienne Lang Address 725 S. Skinker

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Oedema — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Valvular Disease of Heart, Myocarditis
DUE TO (c) Senile Psychosis, Manical type.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Arterio-Sclerosis 421.4
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May, 1930 9/19/56 and last saw her him alive on 9/19/56
Death occurred at 5 pm, Sept. 20, 1956, 12:20 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter C. Kirchner (Degree or title) MD
22b. ADDRESS 508 N. Grand Blvd.
22c. DATE SIGNED 9/20/56

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 9/21/56
23c. NAME OF CEMETERY OR CREMATORY Mt. Sinai
23d. LOCATION (City, town, or county) 8400 Gravois Ave (State) Mo.

24. FUNERAL DIRECTOR Mayer ADDRESS 4356 Lindell
25. DATE RECD. BY LOCAL REG. SEP 20 1956
26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JUN 25 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, ~~or by~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Elmo R. Sodu

Licensed Embalmer No...4.

P. O. Address.....St. L

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.