

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10581
 3039
 State File No. 10581
 Registrar's No. 3039

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10581		Registrar's No. 3039	
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 township) OR TOWN Saint Louis		c. LENGTH OF STAY (In this place) 39 Years		c. CITY OR TOWN St. Louis		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 01 2940 Greer Avenue, 7.				e. STREET ADDRESS (If rural, give location) 2109 2940 Greer Avenue, 7.					
3. NAME OF DECEASED (Type or Print) a. (First) ANNA		b. (Middle) C.		c. (Last) LANG		4. DATE OF DEATH (Month) (Day) (Year) March 28th, 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH March 30th, 1874		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Days	IF UNDER 4 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work producing most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Okawville, Illinois			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Henry Herweg			13b. MOTHER'S MAIDEN NAME Louise Altmansberger			14. NAME OF HUSBAND OR WIFE Late Frederick H. Lang			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wm. Meyer, 2940 Greer Avenue, 7.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)				MEDICAL CERTIFICATION Carbure Hemorrhage Secondary Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 10 Days YEARS			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE 0 (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.) 0 m.		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 2/25, 1957, to 2/27, 1957, that I last saw the deceased alive on 2/27, 1957, and that death occurred at 1:20A m., from the causes and on the date stated above.									
23a. SIGNATURE J.P. Oettershoff MD				(Degree or title)		23b. ADDRESS 634 No Grand		23c. DATE SIGNED 2/28/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/30/57		24c. NAME OF CEMETERY OR CREMATORY Yahalla Chapel of Memories		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.			
DATE REC'D BY LOCAL REG. MDR 28 57		REGISTRAR'S SIGNATURE Carl Smith MD		FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ		ADDRESS 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Missouri.			

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

Je. 3-0100

Hours 2:00PM to 4:00PM
Thursday

File in city.

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 *Ralph C. Zindler*.....

Licensed Embalmer No. *4275*.....

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