

Health, Welfare
Public
Service

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **3201**
Registrar's No. **141**

Registration District No. **318** Primary Registration District No. **1003**

300
-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6287 Reber Pl.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 6287 Reber Pl. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ella Middle Last Lang			4. DATE OF DEATH Month 1 Day 6 Year 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-6-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Saint Louis, Missouri
13a. FATHER'S NAME Andrew Jackson McCall		13b. MOTHER'S MAIDEN NAME Catherine Donnelly	14. NAME OF HUSBAND OR WIFE William H. Lang
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 492 09 5447	17. INFORMANT Address William H Lang 6287 Reber Pl. St. Louis, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Ac. Myocardial Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypostatic pneumonia DUE TO (c) Arteriosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Early gangrene left lower leg - arteriosclerotic			INTERVAL BETWEEN ONSET AND DEATH 3 days 3 days Sw. Qrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Obstruction - 12 days	
20c. TIME OF INJURY Hour a.m. p.m.		4:20.0	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	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 3/8/41 to 1/6/58 and last saw her alive on 1/5/58 Death occurred at 3:35 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ella H. Lang (Degree or title)		22b. ADDRESS 3108 S. Grand	22c. DATE SIGNED 1-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-9-1958	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	23d. LOCATION (City, town, or county) (State) Saint Louis Mo
24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary 6464 Chippewa Street, St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. JAN 7 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. M. J. B.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Rice E. Branson*

Licensed Embalmer No. *4764*
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.