

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023487  
STATE FILE NUMBER  
5065  
Registrar's No.

FILED JUN 16 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Jennings</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Seiple Ave.</b> INSTITUTION <b>Railroad yards</b>		Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>27 2008 McLaran Ave.</b>	
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>RAYMOND</b> Last <b>LANG</b>			4. DATE OF DEATH Month <b>May</b> Day <b>11</b> Year <b>1958</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 10 1923</b>		9. AGE (In years last birthday) <b>35</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Switchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>George Lang</b>		13b. MOTHER'S MAIDEN NAME <b>Myrtle Thompson</b>	
14. NAME OF HUSBAND OR WIFE <b>Katheryn Lang</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW 2</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Katheryn Lang 2008 McLaran Ave</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pleural Hemorrhage</b> DUE TO (b) <b>Multiple Fractures of the Ribs.</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Suffered when struck by car</b>		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. NATURE OF INJURY OCCURRED (Enter nature of injury in PART I or PART II (item 18)) <b>Struck by car on railroad in vicinity of 4299</b>			
20c. TIME OF INJURY Hour <b>4:00</b> a.m. Month, Day, Year <b>5 11 58</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>7 Street</b>			
20e. CITY, TOWN, OR LOCATION <b>St. Louis</b>		COUNTY <b>Mo.</b>		STATE <b>Mo.</b>	
20f. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death pronounced at <b>700</b> _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James M. Kelly</b>		22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>5-13-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>5/14/58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Jefferson Barracks</b>		STATE <b>Mo.</b>		24. FUNERAL DIRECTOR <b>Buchholz Mortuary 5967 W. Florissant</b>	
25. DATE RECD. BY LOCAL REG. <b>MAY 13 58</b>		26. REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S.P.

APR 15 1963

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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 .....  
Signature of Student Embalmer

Signed *John J. Hines* .....

Licensed Embalmer No. *4108* .....

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.