

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

58-027149  
STATE FILE NUMBER

1003

6672

FILED JUL 18 1958

Registration District No.

318

Primary Registration District No.

Registrar's No.

S. 300  
1-57

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b><br>b. COUNTY                                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>St. Louis</b><br>OR TOWN  |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN<br><b>St. Louis</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><b>01 HOSPITAL OR 4815 Allemania</b>   |                                  | Length of stay in lb<br><b>20 29</b>  | d. STREET ADDRESS (If outside, give location)<br><b>4815 Allemania</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Fred</b> Middle <b>D</b> Last <b>Lang</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>2</b> Year <b>1958</b>  |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>June 4, 1902</b>  |
| 9. AGE (In years last birthday)<br><b>56</b>  |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>dealer</b>   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>dealer</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>coal</b>  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |
| 13a. FATHER'S NAME<br><b>Joseph Lang</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Barbara Sika</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>Nora</b>   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>no</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>—</b>   | 17. INFORMANT Address<br><b>Nora Lang 4815 Allemania</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Diabetes Mellitus</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>—</b><br>DUE TO (c) <b>260+</b> |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>7 years</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |
| 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.)  |  |
| 20c. TIME OF INJURY . Hour Month, Day, Year<br>a.m.<br>p.m.   |                                  |   |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT 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 <b>1957</b> to <b>July 2, 1958</b> and last saw <sup>her</sup> him alive on <b>July 2, 1958</b><br>Death occurred at <b>11:30 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |
| 22a. SIGNATURE<br><b>Leob Wilucki, MD</b><br>(Degree or title)  |                                  | 22b. ADDRESS<br><b>5102 1/2 Gravois Ave</b>   |  |
| 22c. DATE SIGNED<br><b>July 3, 1958</b>   |                                  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>  |                                  | 23b. DATE<br><b>7/5/1958</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>SS Peter &amp; Paul Cem.</b>  |
| 23d. LOCATION (City, town, or county)<br><b>St. Louis, Mo.</b>  |                                  |   |  |
| 24. FUNERAL DIRECTOR<br><b>J L Ziegenhein &amp; Sons 7027 Gravois</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>JUL 3 '58</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Carl Smith</b>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Donald E. Boring* .....

Licensed Embalmer No. *4863* .....

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: *5/13/17* .....

If this body is not embalmed, fact should be so stated above.