

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046794
State File No.

FILED DEC 22 1958

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3214

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis County</u>) c. LENGTH OF STAY (In this place) <u>10 years</u>		c. CITY OR TOWN <u>St. Louis Co.</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>320 E. RIPA</u>		e. STREET ADDRESS (If rural, give location) <u>320 E. Ripa Ave</u>	
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Engelbert</u> c. (Last) <u>Lang</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 7, 1958</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Sept. 29, 1892</u>
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis</u>
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>	
13a. FATHER'S NAME <u>Florian Lang</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Hagen-Reinert</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sister M. Melita, S.N.D.</u> ADDRESS <u>320 E. Ripa</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EDEMA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ACUTE MYOCARDIAL INFARCTION</u> DUE TO (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIO-SCLEROTIC HEART DISEASE</u>	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>1-2 hr.</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan</u> , 1958, to <u>Dec 7th</u> , 1958, that I last saw the deceased alive on <u>Dec 7</u> , 1958, and that death occurred at <u>9:55 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles B. ...</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>7430 VIRGINIA AVE</u>	23c. DATE SIGNED <u>12/8/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>DEC. 11 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOTHERHOUSE CEM.</u>
24a. BURIAL, CREMATION, REMOVAL		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-9-58</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donker, M.D.</u>	
DATE REC'D BY LOCAL REG.		EMERAL DIRECTOR'S SIGNATURE <u>Thomas Kuter</u> ADDRESS <u>2906 Gravois</u>	

7430 U. S. Emballer
No. 2-2340
130-430

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 *Samuel C. Hill*

Licensed Embalmer No. *434*

P. O. Address *2906 Du*

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.