

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

37211

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo (No.)

Registration District No.
Primary Registration District No. 3852 Bamberges

File No.
Registered No. 9828
St. Ward)

2. FULL NAME

(a) Residence. No. St., 16 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 | 7 | 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Private Secretary
(b) General nature of industry, business, or establishment in which employed (or employer) Fallstaff Corporation
(c) Name of employer St. Louis Mo

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

10. NAME OF FATHER Henry V. Lang

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

12. MAIDEN NAME OF MOTHER Mary Webb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Henry V. Lang 3852 Bamberges St. Louis Mo

15. FILED NOV -7 1932 Mary Standley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 5 1932

17. I HEREBY CERTIFY, That I attended deceased from June 18 1932 to Nov 5 1932 that I last saw him alive on Nov 1 1932, and that death occurred, on the date stated above, at 7:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Excursion of Myocardium
46B
46B

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da. 4 6 B

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7/26/32

WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? L. Klausman M. D.
(Signed) Nov 5 1932 (Address) 203 Brammert Hwy

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
St. Peter & Paul Church Nov 7 1932

20. UNDERTAKER ADDRESS
Thos J. Roeb. 1405 S Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

