

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

Do not use this space.

22027

1. PLACE OF DEATH

County.....

Registration District No. 781

File No.

Township.....

Primary Registration District No. 1003

Registered No. 6194

City St. Louis (No. City of St. Louis)

St. Ward)

2. FULL NAME

Stella Langert Langert

(a) Residence. No. 4150 7th St. St. 15 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 | | 20

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER John Stanton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Mary Gamache

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

14. INFORMANT (Address) Robert H. Sup...

15. JUN - 9 1928 FILED 19 St. Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 1928

I HEREBY CERTIFY That I attended deceased from June 7, 1928 to June 8, 1928 that I last saw him alive on June 8, 1928 and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY) 906

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

19. DID AN OPERATION PRECEDE DEATH?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Robert H. Sup..., M. D.
8, 1928 (Address) City of St. Louis

*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
Sunset Burial Park 6/11 1928

20. UNDERTAKER ADDRESS
Southern 7315 S. Broadway

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

R. 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.

Langr