

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 3711²) Wyoming St. _____ Ward _____
 Registered No. 7392

File No. 25576

2. FULL NAME

Frederick Langenecker
 (a) Residence. No. 3711² Wyoming 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 79 yrs. 9 mos. 19 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 9 19

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

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

10. NAME OF FATHER Loring Langenecker

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Margaret Schumacher
 (Address) 3711² Wyoming

15. FILED JUL 17 1928 Max C. Staveland REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from July 14, 1928, to July 14, 1928 and that I last saw him alive on July 14, 1928, and that death occurred, on the date stated above, at 11:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
131
93L (duration) 1 yrs. mos. ds.
 CONTRIBUTORY Diffuse nephritis
 (SECONDARY) Chronic (duration) 1 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Chas. K. Edgeline M. D.
7-16, 1928 (Address) 3153 S. Grand.

*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 New St. Marcus DATE OF BURIAL 7-17 28

20. UNDERTAKER W. Schumacher ADDRESS 3013
Insurance

WRITE FULLY, 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.

