...ARD OF HEALTH
OF VITAL STATISTICS
CERTIFICATE OF DEATH

35501

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No. 791

Primary Registration District No. 1003

(No. 4502 N 19 Str. ..... St. ..... Ward)

File No. .....

Registered No. 10251

2. FULL NAME Henry A Langenberg

(a) Residence. No. 4502 N 19 St., 9 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. ds. * How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Abt. 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	66	Unknown		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Soap Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 164

(c) Name of employer Proctor Gamble 84

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

PARENTS

10. NAME OF FATHER Frederick Langenberg

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

12. MAIDEN NAME OF MOTHER Frederik Otterhurst

[redacted] PLACE OF MOTHER (CITY OR TOWN) .....
[redacted] OR COUNTRY) Germany

[redacted] INFORMANT Mary Langenberg
(Address) 4502 N 19 Str

15. FILED OCT 19 1929 Max C Hardy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 17 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ..... 19....., and that
death occurred, on the date stated above, at 2 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asphyxiation, due to fuel gas poisoning at residence.
Self Administered while suffering temporary mental aberration.

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Suicide

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) John J. Hurley M. D.

11/18, 1929 (Address) Deputy Coroner

*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
New Bethlehem	10/21, 1929
20. UNDERTAKER	ADDRESS
W. A. Stock Und Co	2117 E Grand