MAY 20 1930

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

Do not use this space.
13839

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 785 — File No.:

Township: Bonhomme — Primary Registration District No.: 6031 — Registered No.: 88

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Henry C. Langewisch

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 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*)
M	W	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	2	5	

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

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

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Philip Langewisch
(Address) Clifton, Mo

15. FILED 5/9/1930 C. E. Barnett M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 25 1930

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1930, to April 25, 1930, that I last saw him alive on April 25, 1930, and that death occurred, on the date stated above, at 11 — P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver
HHB
TBC
GDS
(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Valvular heart disease
(duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical tests

(Signed) E. L. Fredericks, M. D.
4-27, 1930 (Address) Manchester Mo

*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. Paul's Cem - Des Peres, Mo	April 28 1930
20. UNDERTAKER	**ADDRESS**
Schrader Und. Co	Ballwin, Mo.

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.