CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

791
1003

Do not use this space.

6773

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1851

City St. Louis Mo. (No. De Paul Hospt. St. ..... Ward)

2. FULL NAME Harry Langsdorf

(a) Residence, No. 3509 Utah St. St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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) August 17 - 1863.

7. AGE: YEARS 68 | MONTHS 6 | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness 172
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Herbert S. Langsdorf. 3509 Utah St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Siani Cem. DATE Feb. 26 - 1932

19. UNDERTAKER (ADDRESS) Ziegenhein Bros. 2623 Cherokee St.

20. FILED FEB 25 1932 19 Max C. Starkey Registrar. 25 32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Febr 20, 1932, to Feb 25, 1932
I last saw him alive on Febr 24, 1932. Death is said to have occurred on the date stated above, at 9:50 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset 6 days 2/19 32
Vascular Hypertension
131
82B
97

Other contributory causes of importance:
Ch. Glomerulo Nephritis
Arterio-Sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Tob Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury ..... (1)
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Union Club Bldg.