

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

Do not use this space.

14269

1. PLACE OF DEATH

County..... Registration District No. *327*
Township..... Primary Registration District No. *3*
City *St. Louis* (No. *City Hospital*)

File No.
Registered No. **3605**
St. Ward)

2. FULL NAME

(a) Residence, No. *3418 Winnebago* Ward. *16*
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *Life* 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) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 20 - 1882*

7. AGE YEARS *49* MONTHS *11* DAYS *23* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sheet metal worker*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *95*

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.*

MOTHER 13. NAME *Daniel Langeloth*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany / 10*

15. MAIDEN NAME *Mary Hether*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis / Mo.*

17. INFORMANT (ADDRESS) *Hospital information City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Maurice* DATE *4-14* 1932

19. UNDERTAKER (ADDRESS) *With Bro. & Co. 2420 N. 1st St. St. Louis*

20. FILED *APR 13 1932* Registrar *Stanley*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 12th, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *April 3rd, 1932* to *April 12th, 1932*
I last saw him alive on *April 12th, 1932* Death is said to have occurred on the date stated above, at *5:15 a.m.*

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis?
Lebar Pneumonia?

Other contributory causes of importance: *724 13 158*

Name of operation..... Date of.....
What test confirmed diagnosis? *Clinical* 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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify *Carl H. Hoyer* M. D.
(Signed) (Address) *City Hospital*

WRITE PLAINLY, 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.

Langeloth