

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

Do not use this space.

14607

~~15807~~

1. PLACE OF DEATH

County

Registration District No. 7071

Township

Primary Registration District No. 1002

City St. Louis

(No. 2209 Hebert St.)

File No.

Registered No. 3995

St. Ward)

2. FULL NAME

Baltazar Langanscher

(a) Residence, No. 2209 Hebert St., 20 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 26th 1853

7. AGE 78 YEARS 4 MONTHS 3 DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day laborer
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) Germany 31

13. NAME Joseph Langanscher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Mary Sherman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Sister Jeanne (ADDRESS) 2209 Hebert St.

18. BURIAL, CREMATION, OR REMOVAL PLACE burial DATE April 25 1932

19. UNDERTAKER Arthur J. Connelly and Co (ADDRESS) 2039 Hebert St.

20. FILED APR 24 1932 W. J. Stanley Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15th 1932 to April 23rd 1932
I last saw him alive on April 22nd 1932 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

97 Arteriosclerosis Date of onset
98 B
97
Other contributory causes of importance: hypertension of left leg 3 months ago
non diabetic

Name of operation None 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? ni
If so, specify
(Signed) Arthur A. Piekarke, M. D.
(Address) 1525 1/2 Cass Ave

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.

