

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

Do not use this space.

36974

**1. PLACE OF DEATH**

County St. Louis Registration District No. 289  
 Township Central Primary Registration District No. 60330  
 City (No. 8724) St. Charles Rock Road St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William A. Langmeyer

(a) Residence, No. 8724 St. Charles Rock Rd. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**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 Mary M. Langmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1865.

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|--------|-------|--------|------|----------------------------------|
|        | 67    | 9      | 25   |                                  |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repairing  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business.  
 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.

13. NAME Ferdinand Langmeyer.

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

15. MAIDEN NAME Anna Schiller.

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

17. INFORMANT (ADDRESS) Mary M. Langmeyer  
8724 St. Charles R. Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul DATE Nov. 12, 1932

19. UNDERTAKER (ADDRESS) Flauch & Schmidt  
3732 S. Grand Blvd.

20. FILED 11/10 19 32 Ursula Gray Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 9, 1932

22. I HEREBY CERTIFY That I attended deceased from Nov. 6, 1932 to Nov. 9, 1932  
 I last saw him alive on Nov. 9, 1932 Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Chronic Myocarditis Date of onset Aug.

93C 930  
 Other contributory causes of importance: none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
 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 \_\_\_\_\_

(Signed) A. E. T. [Signature] M. D.  
 (Address) 2540 W. Jefferson

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.

JAN 5 1933

