

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

Do not use this space.

18307

1. PLACE OF DEATH

County ..... Registration District No. 1797  
Township ..... Primary Registration District No. 1  
City St. Louis (No. 5803 Plymouth) St. 5 Ward) Registered No. 4539

2. FULL NAME

William J. Langou  
(a) Residence, No. 5803 Plymouth St. 5 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Langou</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 10, 1850</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>5</u>
	DAYS <u>12</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Physician</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Saline County, Mo.</u>		
FATHER	13. NAME <u>Michael Langou</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Mary Moran</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Dr. W. J. Langou, Jr., 5803 Plymouth</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem., May 24, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Chas. St. Street, 1225 Union Blvd.</u>		
20. FILED 19 <u>37</u> <u>J. F. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Thurs. April 3, 1937 to May 22, 1937

I last saw him alive on May 20, 1937 at 10 p.m. Death is said to have occurred on the date stated above, at 7:00 a.m.

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

93c  
Myocarditis  
Chronic

Other contributory causes of importance  
730

Name of operation none Date of no

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? no Date of injury no, 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 no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) J. E. Landree, M. D.  
(Address) 302 Univ. Club Bldg.

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.

