MAR 3

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

Do not use this space.

8102

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. .....

Registered No. 1780

City St. Louis, Mo (No. 5048 Louisiana St. ..... Ward)

2. FULL NAME Oscar A. Langford

(a) Residence, No. 5048 Louisiana St., 15 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 30, 1896

7. AGE: YEARS 39 MONTHS 8 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk in office

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): St. Louis, Mo

FATHER

13. NAME: Andrew Langford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

MOTHER

15. MAIDEN NAME: Pauline Woerhrlein

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

17. INFORMANT (ADDRESS): Mrs. Leona Langford 5048 Louisiana

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter + Paul DATE 2-18, 1936

19. UNDERTAKER (ADDRESS): Southern Und. Co. 6322 S. Grand

20. FILED FEB 17 1936, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1936, to Feb. 15, 1936

I last saw him alive on Feb. 15, 1936. Death is said to have occurred on the date stated above, at 9:15 p.m.

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

	Date of onset
Acute Miliary Tuberculosis	Jan. 23 1936

Other contributory causes of importance: none. 32a

Name of operation none Date of —

What test confirmed diagnosis? Sputum 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 .....

(Signed) Jaromice Ch. Cutter, M. D.

(Address) 3515 S. Grand Bl. St. Louis

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.

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