

DEC 3 1936

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

Do not use this space.

42730

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **3231a Barrett Street**)

File No.
Registered No. **11249**
St. Ward)

2. FULL NAME

CHARLES L. LANGHAUSER,

(a) Residence, No. **3231a Barrett Street**, **10** 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 **Matee** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**
(Usual place of abode) (If nonresident, give city or town and State)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna B. Langhauser (Vogel)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 2, 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Capt. City**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Fire Department**
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) **Pittsburg Penn.**13. NAME **Louis Langhauser**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Lena Dornberg**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **Mrs. Anna B. Langhauser 3231a Barrett Street**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **New Pickers Nov. 14, 1936**19. UNDERTAKER (ADDRESS) **Math. Hermann & Son 2161 East Fair Avenue**20. FILED **NOV 12 1936** **J. Bredenk** Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 11, 1936**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.

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

*Coronary Occlusion
(no history of trauma)
Other contributory causes of importance:
Ch. Myocarditis*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **ye**

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? If so, specify

(Signed) **Hardy Stuy** M. D.
(Address) **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.

