AUG - 5 1937

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

Do not use this space.

25498

791

1003

File No. 6672

Registered No.

1. PLACE OF DEATH

County

Township

City ST. LOUIS M. (No. FIRMIN DESLOGE St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME CHARLES. LANGELLE.

(a) Residence, No. 2811 Caroline St., 22 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: EMILY LANGELLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV 21-1902

7. AGE: YEARS 34 MONTHS 7 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Heil Packing Co

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): MISSOURI

FATHER

13. NAME: GEORGE LANGELLE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

MOTHER

15. MAIDEN NAME: ELIZABETH BREEN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

17. INFORMANT (ADDRESS): Emily Langelle 2811 CA CAROLINE

18. BURIAL, CREMATION, OR REMOVAL PLACE: MEMORIAL PARK DATE: JULY 12, 1937

19. UNDERTAKER (ADDRESS): E. J. Schnur 312 S. Lafayette Av.

20. FILED: JUL 12 1937, 19 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JULY 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1937, to JULY 9, 1937

I last saw him alive on July 9, 1937. Death is said to have occurred on the date stated above, at 9.10 p.m.

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

STAPH-SEPTICEMIA-
PULMONARY EDEMA
CARDIC-FAILURE-due to
Septicemia no definite
disease of heart.

Date of onset

Other contributory causes of importance:

36

Name of operation: ARTHRODESIS-OF-KNEE-MID-THIGH AMPUTATION Date of: APRIL-20 JULY-5

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, 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) John P. Murphy, M. D.

(Address) 833 Mo. Trust Bldg.

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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