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

NOV 15 1937

791

36509
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. 2 Registered No. 10086

(c) City St. Louis (d) Street No. 2354 Michigan St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Ida Napier Langston

(a) Residence, No. 2354 Michigan St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: C.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Arthur W. Langston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 2, 1858

7. AGE: Years 79 Months 39 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc.: Work

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): Nashville, Tenn.

FATHER

13. NAME: William Carroll Napier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bidon, Tenn.

MOTHER

15. MAIDEN NAME: Jane Elizabeth Watkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nashville, Tenn.

17. INFORMANT (ADDRESS): Mr. John Mercer Langston 2354 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville Tenn DATE Oct. 30, 1937

19. FUNERAL DIRECTOR (ADDRESS): T. C. Gordon Mfg. Co. 2649 Delmar Blvd.

20. FILED OCT 30 1937 J. J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1915, to Oct 30, 1937

I last saw h/r alive on Oct 30, 1937. Death is said to have occurred on the date stated above, at 8 A.m.

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

Chronic Myocarditis

Date of onset ?

Other contributory causes of importance:

Hypertension and Chronic Bright's Disease

Name of operation — Date of

What test confirmed diagnosis Clinical & Lab 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?

If so, specify

(Signed) C. E. Moeller, M. D.

(Address) 3537 S. Jefferson Av.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

BOM-7-28-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, C. D. Richardson, Licensed Embalmer No. 2928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed C. D. Richardson

Licensed Embalmer No. 2928

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)