

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.

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

245  
Do not use this space.

FEB 12 1938

**1. PLACE OF DEATH**

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **2816-B-Mc. Nair Ave.** Registered No. **101**  
 (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** **Anne Langsdorf** **523**

(a) Residence, No. **2816-B-Mc. Nair Ave.** St. **24** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William Langsdorf**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 10-1871.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**66**                      **4**                      **23**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
 9. Industry or business in which work was done, as 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 **Christ Renz**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **William Langsdorf**  
 (ADDRESS) **2816-B-Mc. Nair Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Jan. 5, 1938**

19. FUNERAL DIRECTOR **Wacker-Helderle**  
 (ADDRESS) **2331 S. Broadway**

20. FILED **JAN 4 1938** **J. P. Predeck**  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 2nd.** 19 **38**

22. I HEREBY CERTIFY THAT I attended deceased from **Oct 23 1937** to **Jan 2 1938**  
 I last saw him alive on **Jan 1 1938** at **12.45 P.M.** Death is said to have occurred on the date stated above, at **12.45 P.M.**

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

**Suppression of Liver**  
 Date of onset **1937**

Other contributory causes of importance:

Name of operation **None** Date of operation **None**  
 What test confirmed diagnosis **None** With permission of authority **None**

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 **None**

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify  
 (Signed) **J. P. Predeck** M. D.  
 (Address) **1446 S. Grand**

STATEMENT BY LICENSED EMBALMER

I, Robert C. Wheeler, Licensed Embalmer No. 2128

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

..... L. E. ....

No. 2128 or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed: Robert C. Wheeler

Licensed Embalmer No. 2128

**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.)**