

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

5173
Do not use this space.

REC'D MAR 14 1938

**791
1003**

Registered No. **1818**

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City ST. LOUIS (d) Street No. 7713 ST. LOUIS AVE. 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 LOUISE W. LANGEWISCH 522

(a) Residence, No. 7713 ST. LOUIS AVE. St. 20 (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 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 LOUIS H. LANGEWISCH.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 17-1880.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 10 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWORK.
 9. Industry or businesses 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 CASPER BEIMFOHR.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY.

MOTHER 15. MAIDEN NAME WILHELMINA WELLPOTT.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, Mo.

17. INFORMANT (ADDRESS) Louis H. Langewisch
7713 St. Louis Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cemetery DATE Feb. 27, 1938

19. FUNERAL DIRECTOR (ADDRESS) Wm. H. Schumacher
4834 Natural Bridge

20. FILED FEB 21 1938 J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan 37, 1937, to Feb 19, 1938
 I last saw him alive on Feb 18, 1938. Death is said to have occurred on the date stated above, at 7:55 A.M.
 The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis
 Date of onset
 Other contributory causes of importance:
Ch. Myocarditis

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

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? W
 If so, specify.....
 (Signed) C. H. Shawing, M. D.
 (Address) 2342 St. Louis Ave

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.

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed John Ketter
Licensed Embalmer No. 3880

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.)