

REC'D MAY 10 1938

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

13040

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... St. Louis (d) Street No. 3156 A Park 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.

Registration District No. 791Primary Registration District No. 1003Registered No. 36442. PRINT FULL NAME James Langley 24

(a) Residence, No. 3156 A Park Ave 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily Langley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 1 24

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. Farmer
 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) Indiana

FATHER 13. NAME Curtis Langley

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

MOTHER 15. MAIDEN NAME Nioma Gustine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) James C. Langley
Louisville Kentucky

18. BURIAL, CREMATION, OR REMOVAL PLACE Trempealeau Wis DATE April 16 1938

19. FUNERAL DIRECTOR (ADDRESS) Petz Brothers
3029 Lafayette Ave

20. FILED J. D. Budick
Local Registrar

APR 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1938 19

22. I HEREBY CERTIFY, That I attended deceased from March 5 1938, to 4/13 1938
 I last saw him alive on 4/13 1938. Death is said to have occurred on the date stated above, at 11:05 P.M.

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

Cerebral Apoplexy 3/5
Hypertension
Arterio Sclerosis
Emphysema

Other contributory causes of importance:

Name of operation Date of
 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?
 If so, specify
 (Signed) L. Hayden M. D.
 (Address) 5899 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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

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.

50K-7-28-37 I X12004

*Dr. Hayden
5932 Polymath*

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STATEMENT BY LICENSED EMBALMER

Frank J Owens

Licensed Embalmer No. *2245*

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

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed *Frank J Owens*

Licensed Embalmer No. *2245*

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.)