

DEC'D JAN 11 1939

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

41040

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 701
 (b) Township St. Louis Primary Registration District No. 1008
 (c) City St. Louis (d) Street No. 5864 Plymouth St. 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.

Registered No. 10732

2. PRINT FULL NAME

525 Sue V Longman
 (a) Residence, No. 5864 Plymouth St. 5 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9 1968
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 4 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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 0

FATHER 13. NAME Geo Langman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Ellen Smith
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Chas Longman
5864 Plymouth18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Dec 14-3819. FUNERAL DIRECTOR (ADDRESS) C. P. Ruppert & Sons
2233 Delmar St20. FILED DEC 13 1938
J. B. Baker
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935, to Dec 12, 1938.
 I last saw him alive on Dec 11, 1938. Death is said to have occurred on the date stated above, at 29 m.
 The principal cause of death and related causes of importance were as follows:

Chronic Ulcerous Heart
 Disease (arterio-sclerotic changes in sufficiency)
 Hypertension
 Date of onset 5 yrs

Other contributory causes of importance: Hypertension
 Name of operation n Date of n
 What test confirmed diagnosis? --- 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? n
 If so, specify ---
 (Signed) Wm J. Langman, Jr., M. D.
 (Address) 5803 Myrtle av

STATEMENT BY LICENSED EMBALMER

I, John Redden, Licensed Embalmer No. 3880
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 John Redden
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.)