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.

1 X12804

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

REC'D JAN 11 1939

Do not use this space. 41148

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 10840

(c) City St Louis (d) Street No. Mo. Baptist Hosp. 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 Wm A. Langhorst

(a) Residence, No. 4710 Farlin Ave St. 7
(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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-26-1895

7. AGE: YEARS 42 MONTHS 11 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Union Elec Lt & Power
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) Ohio

FATHER
13. NAME August Langhorst
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger

MOTHER
15. MAIDEN NAME Maria Dieterle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger

17. INFORMANT (ADDRESS) Maria Langhorst 4710 Farlin ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sappington Mo DATE Dec 19 38

19. FUNERAL DIRECTOR (ADDRESS) Provost Und Co 3710 N Grand Blvd

20. FILED 12-17 38 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 16 19 38

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Traumatic Hemorrhage due to compression of Chest and laceration of stomach, suffered in collision between Dodge Sedan, driven by one, Richard Jones, and Ford Coach, driven by one, William Langhorst, at intersection of Corbitt and Pennsylvania Ave. University City, about 8:15 P.M. December 13, 1938. Accident.

Date of onset

Other contributory causes of importance:

210 m
22

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12-13 1938

Where did injury occur? St. Louis County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place.

Manner of injury see above

Nature of injury " " No

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph M. Lemon, M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

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

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1578

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.)