DEC'D FEB 10 1939

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

485
Do not use this space.

791
1003
485

1. PLACE OF DEATH
(a) County 2 Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) or City ST. LOUIS - (d) Street No. 501 CLARA 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 ROY TENBROECK LANGENBERG
(a) Residence, No. 501 CLARA AVE St. 5
(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): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HAZEL MERRILL LANGENBERG
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5th 1879
7. AGE: YEARS 59 MONTHS ~~5~~ 6 DAYS ~~28~~ 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. PRESIDENT
9. Industry or business in which work was done, as saw mill, bank, etc. LANGENBERG-HARRIS HAT COMPANY
10. Date deceased last worked at this occupation (month and year) MFGS,
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS. MISSOURI

FATHER
13. NAME FREDERICK J. LANGENBERG
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BAY MISSOURI

MOTHER
15. MAIDEN NAME unKnown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unKnown

17. INFORMANT (ADDRESS) HARRY LANGENBERG 501 Clara, Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE BELLEFOUNTAINE DATE JAN 16 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. R. LUPTON SONS 7233 DELMAR BLVD
20. FILED JAN 16 1939 J. F. Bedrick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13th 1939

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 8:30 A.M.
The principal cause of death and related causes of importance were as follows:

Thrombus in Coronary Artery; Arteriosclerosis of left coronary.

Date of onset

Other contributory causes of importance:

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? ..... 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 see above
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Joseph M Lucas, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.