

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

17358
Do not use this space.

REC'D JUN 12 1939

791
1008

Registered No. 4892

1. PLACE OF DEATH
(a) County 2 Registration District No.
(b) Township 1 Primary Registration District No.
(c) City ST. LOUIS (d) Street No. DELMAR & DE BALIVIERE 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 575 WALTER LANGAN
(a) Residence, No. 5861 WASHINGTON BLVD. 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) SINGLE		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 4, 1884				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	55	0	25	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED			
	9. Industry or business in which work was done, as saw mill, bank, etc. RETAIL FURNITURE			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS (STATE OR COUNTRY) MO.				
FATHER	13. NAME OLIVER P. LANGAN			
	14. BIRTHPLACE (CITY OR TOWN) NEW YORK (STATE OR COUNTRY) NEW YORK			
MOTHER	15. MAIDEN NAME ESTELLE C. ANDERSON			
	16. BIRTHPLACE (CITY OR TOWN) ILLINOIS (STATE OR COUNTRY)			
17. INFORMANT MRS. EDWARD EKSERGEN (ADDRESS) 5861 WASHINGTON BLVD.				
18. BURIAL, CREMATION, OR REMOVAL PLACE COLLINSVILLE ILLS. DATE 5-31-39, 19				
19. FUNERAL DIRECTOR (NAME) ARTHUR J. DONNELLY (ADDRESS) 3840 LINDELL BLVD.				
20. FILED MAY 30 1939 <i>J. B. Brubaker</i> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 29, 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 **1:50 P. M.**
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
Date of onset

Other contributory causes of importance:
g4 b

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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) *Alfred J. Perry* M. D.
(Address) *Alfred J. Perry*

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.

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2/12/08

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 W H Van Meter
Licensed Embalmer No. 2825
P. O. Address 3840 Lindell

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.)

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