

RECORD - PERMANENT - STATE - DEPARTMENT OF HEALTH - MISSOURI

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.

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23817
Registrar's No. 6090

~~REGISTRATION DISTRICT NO. 791~~
1003

Primary Registration District No. _____

1. PLACE OF DEATH: 1003

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2723 Eads
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Richard Perry Langley 524

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ann

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased: 8 (Month) 30 (Day) 1855 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>10</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Anderson Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown Retired

11. Industry or business Loose Wiles Biscuit Co.

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown n
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ann Langley

(b) Address 2723 Eads Ave

17. (a) Regional (b) Date thereof July 10 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson, Indiana

18. (a) Signature of funeral director A. Grand & W. Co

(b) Address 2707 77 Grand Blvd

19. (a) III 10 1939 (b) A. Grand
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

(c) City or town St Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2723 Eads
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1939 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov. 30 1935
July 8, 1939, to July 8, 1939.
that I last saw him alive on July 7, 1939.
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate
metastatic

Duration 4-5 yrs?

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature A. J. Hayden (M. D. or other) _____

Address 5899 Delmar Date signed 7/9/39

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 Paul S. Kowalsky

Licensed Embalmer No. 3031

P. O. Address 2707 N - Shan

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.