

Registration District No. **791**

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: Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Ulric Violet Langley **524**

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gus T. 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased May 30, 1908  
(Month) (Day) (Year)

8. AGE: Years 31 Months 2 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Lige Wright

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

14. Maiden name Alice Dotson

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

16. (a) Informant's own signature Gus T. Langley

(b) Address 2009 Maury Ave

17. (a) Burial (b) Date thereof 8/26/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boss, Missouri

18. (a) Signature of funeral director H. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) AUG 25 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2009 Maury Ave  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25  
year 1939 hour \_\_\_\_\_ minute 7 A. M.

21. I hereby certify that I attended the deceased from Aug 22, 1939, to Aug 25, 1939; that I last saw her alive on Aug. 24, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Embolism of River.  
Varicose veins of esophagus  
with ulceration & flaking  
invasion of spleen  
Ac. Schema by thrombosis  
adherent Pericarditis  
Duration 7  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy all above  
Underline the cause to which death should be charged statistically.

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 Herbert C. Fudi (M. D. \_\_\_\_\_)  
Address 3537 Grandview Date signed 8/25/39

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.

K 19131

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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 R. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

**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.**