

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.

Registration District No. 1008 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town St. Louis  
 (c) Name of hospital or institution: 3820 Nebraska Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Marie Langensand  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased June 28 1868  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 2 5 hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

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

12. Name Henry Muench

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

14. Maiden name Frances Stein

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

16. (a) Informant's own signature Walter L. Langensand

(b) Address 3820 Nebraska Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 6 1939  
 (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director H. G. Hubert  
 (b) Address 2842 McNamee St.

19. (a) SEP 5 1939 (Date received local registrar) (b) J. F. Hubert (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 1  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 24  
 (d) Street No. 3820 Nebraska Ave. (If rural, give location)  
 (e) If foreign born, how long in U. S. A.: 40 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3 year 1939 hour 6 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Dec. 17 1935 to Sept. 2 1939  
 that I last saw her alive on Sept 2 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis, Chronic  
 Due to Probably Chronic myocarditis

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations none  
 Of autopsy none

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 J. Louis Hubert (M. D. or other) MD  
 Address 3606 Bascom Date signed 9/5/39

Duration yes  
 Underline the cause to which death should be charged statistically

**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 Me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Leon B Perry

Licensed Embalmer No. 4094  
2842 Meramec St.  
P. O. Address St. Louis, Mo.

**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.**