

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
BUREAU OF THE CENSUS
791
OCT 14 1939
Registration District No. 1003

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30877
7940
State File No.
Registrar's No.

1. PLACE OF DEATH: 1
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Bethesda Hospital
(d) Length of stay: In hospital or institution 7 Days
In this community Life

2. USUAL RESIDENCE OF DECEASED: 1
(a) State MO (b) County St. Louis
(c) City or town Kirkwood MO
(d) Street No. RR 13
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Charles M. Langford, 521
(b) If veteran, name war _____ (c) Social Security No. none

20. DATE OF DEATH: Month 15 day Sept
year 1939 hour 5 minute 48 A.M.

4. Sex Male 5. Color or race W
6. (b) Name of husband or wife Genevieve Langford
7. Birth date of deceased Mar 7 1871

21. I hereby certify that I attended the deceased from 9/18/39
to 9/15/39
that I last saw him alive on 9/15/39
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 6 Days 8
If less than one day hr. _____ min. _____

Immediate cause of death Myocardial Infarct
Due to Hypertension
Due to _____

9. Birthplace Ohio
10. Usual occupation Laundry Man
11. Industry or business The Laundry

Other conditions Car. of head of Racer
Major findings: Car. of Head of Racer
Of operations passed - probe
Of autopsy involved

MOTHER FATHER
12. Name Oscar Langford
13. Birthplace Unknown
14. Maiden name Rosetta Ritteau
15. Birthplace Unknown

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

16. (a) Informant's own signature Thermin H. Langford
(b) Address R. R. # 13 Box 726, Kirkwood
17. (a) Burial (b) Date thereof 9-17-39
(c) Place: burial or cremation Bethel

23. Signature Thermin H. Langford (M. D. or other) _____
Address 131 W. Argonne, Kirkwood
Date signed 9/15/39

18. (a) Signature of funeral director Louis H. Hoop
(b) Address 131 W. Argonne, Kirkwood
19. (a) SEP 15 1939 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

23. Signature Thermin H. Langford (M. D. or other) _____
Address 131 W. Argonne, Kirkwood
Date signed 9/15/39

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.....

Louis H Bopp, Registered Apprentice No.
working under my personal supervision.

Signed Louis H Bopp
Licensed Embalmer No. 921
P. O. Address Kirkwood 2

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.