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No. 2
1-1-1936
17-1-36
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

12856
3058

State File No. _____

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital, #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 Days**
(Specify whether years, months or days)
 In this community **50 years**

3. (a) PRINT FULL NAME **Elizabeth Langensand 525**

3. (b) If veteran, name war **no**
 3. (c) Social Security No. **no**

4. Sex **female** 5. Color or **white** 6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **CHARLES** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **September 29 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	6	1	hr. _____ min. _____

9. Birthplace **Waterloo Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **at home**

12. Name **William Ritzel**

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

14. Maiden name **Christine Hartmann**

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

16. (a) Informant **Christine Bird**

(b) Address **4943 Holly Hills Blv.**

17. (a) **burial** (b) Date thereof **April 2nd**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul Churchyard**

18. (a) Signature of funeral director **Henry L. Wiedemann**

(b) Address **6203 Gravois**

19. (a) **APR 2 1940** (b) **[Signature]**
(Date approved local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4943 Holly Hills Blvd.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30**,
 year **1940** hour **4:50** minute _____ P. M.

21. I hereby certify that I attended the deceased from **March 23**, 19 **40**, to **March 30**, 19 **40**
 that I last saw her alive on **March 30**, 19 **40**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Brain abscess, non-traumatic cause unknown

Due to **Cerebral hemorrhage**

Due to _____

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

Major findings: Of operations **[Signature]**

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 **Wm. P. [Signature]** (M., D. or other) _____

Address **1515 Lafayette**, **4/1/40**
Date signed

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

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 *Albert G. Hoppe*
Licensed Embalmer No. *2971*

P. O. Address

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.