

2
-40
-39
23159

AUG 25 1940
Registration District No. 791

Primary Registration District No. 1003

State File No. _____
Registrar's No. 6352

1. PLACE OF DEATH:

(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:
DePaul Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")
(d) Street No. 4963 Winona
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULLNAME Baby Langehennig 525

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 Single

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

7. Birth date of deceased: July 27, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-- -- 1 hr. min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Langehennig
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Horton
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Langehennig

(b) Address 925 Dover

17. (a) Burial (b) Date thereof 7/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director Wacker - Teddels

(b) Address 8331 G Broadway

19. (a) JUL 29 1940 (b) J. F. Fredrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1940 hour 5 minute 8 A. M.

21. I hereby certify that I attended the deceased from July 27, 1940
to July 28, 1940
that I last saw her alive on July 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital malformation of the heart: patent foramen ovale and patent ductus arteriosus
Due to _____

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

Major findings: Of operations _____
Of autopsy Patent foramen ovale and patent ductus arteriosus

Duration _____
PHYSICIAN _____
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) (a) Means of injury 1

23. Signature Henry C. Westerman (M. D. or other) M. D.
Address 2136 East Grand Blvd. Date signed 7/29/40

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.

No Embalming

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.