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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

86397

State File No. _____

Registration District No. 284

Primary Registration District No. 111

Registrar's No. 1926

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME LAENGLE Louise Leangle

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 Single

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

7. Birth date of deceased Dec. 22 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>10</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Henry Leangle LAENGLE

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

14. Maiden name Anna Florin

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

16. (a) Informant Mrs. M. Rickenbecker

(b) Address St. Louis, Mo.

17. (a) Removal (b) Date thereof 10/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. OCT 12 1940 (Date received local registrar) D.R. Mays (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. 6668 Delmar Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10 year 1940 hour 10 minute 30 AM.

21. I hereby certify that I attended the deceased from 10-8-40 to 10-9-40
that I last saw her alive on 10-9-40 and that death occurred on the date and hour stated above.

Immediate cause of death acute endocarditis Duration 1 day

Due to arteriosclerosis ?
hypertension ?
Due to coronary atherosclerosis ?

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

Major findings: Of operations 93C

Of autopsy as above

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) (e) Means of injury ✓

23. Signature [Signature] (M. D. or other) MD
Address [Address] Date signed 10/12/40

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

J. S. Sullivan

Licensed Embalmer No. *1122*

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, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Mo.

State File No.

County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1926

On this 20th day of February, 1941, before me appears Emma
Reichenbacher, who, upon her oath, states that the original record of ~~birth~~ death
for Louise Laengle died October 9, 1940, in the State of
Missouri, and which was filed at Clayton, Mo. on 10-12-40, should be corrected as follows:

Item No. 3 should read Louise Laengle

Instead of Louise Laengle

Item No. 12 should read Henry Laengle

Instead of Henry Laengle

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Emma Reichenbacher

Sister
Relationship.

6668 Delmar

University City, Mo.
Present Address.

Subscribed and sworn to before me this 21st day of February, 1941.

My Commission expires Dec. 11, 1941.

Edman J. Ken Notary Public

