

No. 2
4-13-40
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23685

FILED AUG 23 1941

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6027

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

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:
4260 Castleman
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 21 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 179
(If outside city or town limits, write "RURAL")

(d) Street No. 4260 Castleman
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MRS. ANNA LANGBEIN

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 Widowed

6. (b) Name of husband or wife H. Fred Langbein

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

7. Birth date of deceased February 27, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>4</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Household

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Faeth

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Martha Nadler

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Edna Langbein

(b) Address 4260 Castleman

17. (a) Burial (b) Date thereof July 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nokomis, Illinois

18. (a) Signature of funeral director Beiderwieden F. H. Inc

(b) Address 1936 St. Louis Avenue

19. (a) JUL 24 1941 (b) J. H. Budeck
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd
year 1941 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 13, 1941, to July 22, 1941; that I last saw her alive on July 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart dis 10 yrs
Arteriosclerotic gangrene left foot 2 yrs
Due to generalized arteriosclerosis 10+ yrs
hypertension 18 yrs

Due to _____

Other conditions diabetes mellitus 12 yrs
(Include pregnancy within 5 months of death)

PHYSICIAN _____

Major findings: _____

Of operations 59

Of autopsy 61

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 Dr. J. J. Jones (M. D. or other) D

Address 4500 Olive St Date signed July 27

Rev. Dorothy Jones
Linton Bldg.
4500 Olive

2:30 - 5:00

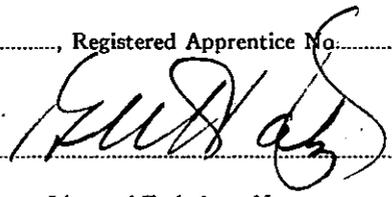
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No.

3737

P. O. Address.....

1936 N. Tower

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.