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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24675

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 193

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

1. PLACE OF DEATH:

(a) County CALLAWAY

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs. 2 mos. (Specify whether
In this community 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 014

(a) State Missouri (b) County 1 2

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

(d) Street No. 4138 Fair Fax
(If rural, give location)

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

3. (a) PRINT FULL NAME Ernest Langston

3. (b) If veteran, name war

3. (c) Social Security No. D.K.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years D.K. 49 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace D.K. (City, town, or county) 1 Tennessee (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name D.K.
13. Birthplace " (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name D.K.
15. Birthplace " (City, town, or county) 4 (State or foreign country)

16. (a) Informant Hospital records
(b) Address Fulton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18-1941 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Hospital Grounds

18. (a) Signature of funeral director C. C. Thomas
(b) Address 302 Market St Fulton Mo

19. (a) July 18, 1941 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1941 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from June 20th, 1941, to July 16, 1941;
that I last saw him alive on July 16th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronco-pneumonia acute gastro-enteritis

Due to 30 P

Due to

Other conditions Psychosis with syphilitic meningo-encephalitis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Bronco-pneumonia. Toxic degeneration of liver & Kidneys. Hydronephrosis

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Ettore Rizzo (M. D. or other) P
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.