

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo.
(c) Name of hospital or institution: Mo. Baptist Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME Sarah E Langley

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married divorced Dead
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dead
7. Birth date of deceased Jan 6 1858

8. AGE: Years 84 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Missouri

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name Samual Langley
13. Birthplace Arkansas
14. Maiden name Jane Browning
15. Birthplace Alabama

16. (a) Informant Rev. Weber
(b) Address Jefferson City Mo.
17. (a) Removal (b) Date thereof March 16 - 1942
(c) Place: burial or cremation Jefferson City Mo

18. (a) Signature of funeral director Albert H Hoppe
(b) Address 4700 Washington
19. (a) MAR 15 10 11 AM '42 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town Jefferson City Mo.
(d) Street No. 523 E. Capitol
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1942 hour 1 minute 35 P.M.

21. I hereby certify that I attended the deceased from Feb 22 1942 to Mar 13 1942
that I last saw her alive on Mar 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Due to Hypertension
atheriosclerosis
Due to

Other condition Senile cataract
(include pregnancy within 3 months of death)

Major findings:
Of operations g/gal
Of autopsy g/gal

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 H. F. Bergman (M. D. or other) M.D.
Address 3720 Washington Date signed 3/14/42

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 J. W. Binkley
Licensed Embalmer No. 3653
P. O. Address St. Louis, Mo.

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.