

Registration District No. 791

Primary Registration District No. 1003

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:  
4554 Kennarly Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 50 years  
years, months or days)

3. (a) PRINT FULL NAME

Joseph Langer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Louise Langer 6. (c) Age of husband or wife if alive 66 years  
 7. Birth date of deceased July 31, 1856  
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired - Blacksmith

11. Industry or business Public Service Co.

MOTHER FATHER  
 { 12. Name Unknown  
 { 13. Birthplace \_\_\_\_\_ Germany  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Unknown  
 { 15. Birthplace \_\_\_\_\_ Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Langer

(b) Address 4554 Kennarly Ave.

17. (a) Burial (b) Date thereof July 28, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Wm. M. Schumacher

(b) Address 4834 Natural Bridge

19. (a) JUL 27 1942 (b) J. F. Medlock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4554 Kennarly Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25,  
 year 1942 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from 7-23-42  
 \_\_\_\_\_, 19\_\_\_\_, to 7-25, 1942  
 that I last saw him alive on 7-25, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death

myocarditis chronic  
old age

Due to \_\_\_\_\_

Due to H.C.

Other conditions 1st Carcinoma of Larynx  
(Include pregnancy within 3 months of death)  
1st bowel (probable)

Major findings:

Of operations none

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature K. O. Wilson (M. D. or other)  
 Address 3547 Canton Date signed 7-27-42

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

Dr. J. O. M. Minor

**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.....

*John A. Minor*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*John A. Minor*

Licensed Embalmer No. *4186*

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.**