

FILED OCT 1 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7747**

1. PLACE OF DEATH:

(a) County **Saint Louis, Missouri.**
(b) City or town **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Lutheran 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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County _____
(c) City or town **Saint Louis.**
(If outside city or town limits, write "RURAL")
(d) Street No. **3723-A Texas Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **17th.**
year **1942.** hour **2** minute **0** A.M.

21. I hereby certify that I attended the deceased from **Sept 12-42**
to **Sept 17** 19**42**
that I last saw her alive on **Sept 16** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Industrial**
Obstruction with
Gangrene of small bowel loop
Due to **Strangulated jejunal**
hernia right

Other conditions **Pertontis**
(And pregnancy within 3 months of death)

Major findings: **Gangrene of loop of**
Small bowel w/ pertontis
Of autopsy _____

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)
(b) Means of injury _____
23. Signature **L. J. Butcher** (M.D. or other) _____
Address **3406** Date signed _____

3. (a) PRINT FULL NAME **Ida K. Langeneckert,**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married.**

6. (b) Name of husband or wife **George I. Langeneckert.** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **May 24th, 1874.**
(Month) (Day) (Year)

8. AGE: Years **68** Months **3** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **Saint Louis, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House-Wife.**

11. Industry or business _____

12. Name **Joe Steffen**

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

14. Maiden name **Unknown**

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

16. (a) Informant **George I. Langeneckert**

(b) Address **3723 A Texas Ave.**

17. (a) **Burial** (b) Date thereof **Sept. 19, 1942.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park.**

18. (a) Signature of funeral director **Ziegenhain Bros.**

(b) Address **6409 Gravois Ave.**

19. (a) **SEP 17 1942** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

[Handwritten scribbles and illegible text]

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. E. Morris*

Licensed Embalmer No. 3360

P. O. Address 6409 Travis

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.