

U.S. No. 2
OM-5-42
Rev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28924
Slate File No.
7475
Registrar's No.

FILED SEP 18 1942
318
Registration District No.

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:
None Enroute City Hospital #1 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 16 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9 18
(d) Street No. 4245 1/2 Swan Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None 0

3. (a) PRINT FULL NAME Ephriam Brank Langley
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September 7
year 1942 hour 1:10 minute 1:30 AM
21. I hereby certify that I attended the deceased from
....., 19..... to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Lucy Ann
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased December 24 1870
(Month) (Day) (Year)

Duration
Immediate cause of death
Coronary Occlusion
Arteriosclerosis
Due to.....
Due to.....

8. AGE: Years 71 Months 8 Days 13
If less than one day hr. min.
9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy, within 3 months of death)
Major findings:
Of operations
Of autopsy Pending
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Carpenter
11. Industry or business Contractor
12. Name Unknown
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Rachelle Langley
(b) Address 4016 A Folsom
17. (a) Burial (b) Date thereof Sept. 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

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? (Specify type of place) (e) Means of injury

18. (a) Signature of funeral director A. W. M. Langley
(b) Address 2301 Lafayette Ave.
19. (a) SEP 8 1942 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

23. Signature Thomas F. Callahan
Address Deputy Coroner Date signed 9/1/42

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 *Paul A. Keith*

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

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.