

FILED DEC 31 1943
Registration District No. 3143

Primary Registration District No. 1003

State File No. 10253
Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7402 1/2 - Pennsylvania Avenue
(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)

3. (a) PRINT FULL NAME AUGUSTA LANGANKE

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, widowed

6. (b) Name of husband or wife Ferdinand Langanke 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 28 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 8 24 _____ hr. _____ min.

9. Birthplace Germany Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name U nknown Blasko

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs T. A. McKinney-Daughter

(b) Address 7402 1/2 Pennsylvania Avenue.

17. (a) cremation (b) Date thereof 11-25-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 South Broadway St. Louis, Mo.

19. (a) NOV 29 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 7402 1/2 Pennsylvania Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21st
year 1943 hour 10:00 minute _____ P. M.

I hereby certify that I attended the deceased from Aug. 10 1943 to Nov. 21 1943
that I last saw her alive on Nov. 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Neuriphlegia
Cerebral Hemorrhage
Sensitivity

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) none

Major findings: none

Of operations _____

Of autopsy none

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) none

(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? _____

(e) While at work? no (Specify type of place) (f) Means of injury _____

23. Signature of physician J. F. Bredeck (M. D. or other) _____
Address 3800 St. Bernard Date signed 11/21/43

Baker & O'Keefe

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 *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.