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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 15792

FILED MAY 13 1944

Registration District No. 3

Primary Registration District No. 6076

Registrar's No. 1043

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10575 Mert Ave., 0
(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: Mo. (b) County: St. Louis 16
(c) City or town: Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 10575 Mert Ave., 13
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) N
If yes, name country: 0

3. (a) PRINT FULL NAME: Wilhelmina Langhoff.

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Frank J. Langhoff

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: Dec. 10, 1881. (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 62 | 8 | 24 | ..... hr. ..... min. |

9. Birthplace: Unknown (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Robert Martin

13. Birthplace: Unknown (City, town, or county) Don't Know 4 (State or foreign country)

14. Maiden name: Augusta Barth

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

16. (a) Informant: Frank J. Langhoff 1
(b) Address: 10575 Mert Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 6/44. (Month) (Day) (Year)
(c) Place: burial or cremation: Friedens Cem.

18. (a) Signature of funeral director: Jos. W. Clark
(b) Address: 1125 Hodiamont Ave.,

19. (a) MAY 6 - 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1944 hour 9.30 minute A.M.

21. I hereby certify that I attended the deceased from Sudden death without medical, 19..., to ..., 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary occlusion | |
| Due to: Arteriosclerosis | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: None | |
| Of autopsy: Coronary occlusion, Myocardial fibrosis of the heart. | |

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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: A. J. Breyfogle, M.D. Pathologist. (M. D. or other)
Address: 601 Prentiwood Date signed: 5/4/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. A.S. Breyfogle
601 Brentwood Ave.,
St. Louis Co. Hospital

**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 E. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**