

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31769

FILED SEP 30 1944
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Registration District No. 317

Primary Registration District No. 3064

Registrar's No. 1960

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
21 Airport Rd.
(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 St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 21 Airport Rd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marie Langenegger

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward Langenegger 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1863 Feb. 8
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 7 11 _____ hr. _____ min.

9. Birthplace Alsac Lorraine (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John J. Mester
13. Birthplace Erfurt Sachan (City, town, or county) (State or foreign country)
14. Maiden name Unknown (City, town, or county) (State or foreign country)
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Julius Langenegger
(b) Address Ferguson, Missouri.

17. (a) Burial (b) Date thereof 9/21/44.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon

18. (a) Signature of funeral director J. M. White
(b) Address Ferguson, Missouri

19. (a) SEP 25 1944 (b) C. P. McParon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1944 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from 8/14, 1944, to 9/19, 1944,
that I last saw her alive on 9/18, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Chr Endocarditis
Due to Senility
Due to _____

Duration

?

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy gvd

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 0

23. Signature W. D. Hughes (M. D. or other) M.D.
Address Ferguson Mo Date signed 9/19/44

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

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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..... *L. M. White*.....
Licensed Embalmer No. *3973*.....
P. O. Address *Herguson, 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.