

FILED JAN 15 1945 318

Registration District No.

Primary Registration District No. 1002

Registrar's No.

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:
The St. Louis Altenheim
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis Langeloth

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Jan. 25, 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 2 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Jeweler

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown
 { 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown
 { 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Hoerr
 (b) Address 5408 S. Broadway

17. (a) Burial (b) Date thereof 12-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director J. P. Fendler Jr.
 (b) Address 7128 Michigan

19. (a) DEC 28 1944 (b) J. Z. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. The St. Louis Altenheim
5408 S. Broadway
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
 year 1944 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from July
1939 to Dec 27 1944
 that I last saw him alive on Dec 27 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 hrs.

Due to arteriosclerosis

Due to.....
 Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....
 Of autopsy.....
 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) (c) Means of injury.....
 23. Signature Max Scarborough (M. D. or other) MD
 Address 512 D. New Orleans Date signed 12/28/44

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.....

George A. Schaubert, Registered Apprentice No.
working under my personal supervision.

Signed

George A. Schaubert

Licensed Embalmer No. 2906

P. O. Address. 7128 Michigan

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.