S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9492

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 1997

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: Alexian Brothers Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 24

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 175

(d) Street No. 3525 Texas Ave (If rural, give location) 17

(e) Citizen of foreign country? (Yes or No) 9

If yes, name country 0

3. (a) PRINT FULL NAME George I. Langeneckert

3. (b) If veteran, name war ******

3. (c) Social Security No. *******

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, divorced Widower

6. (b) Name of husband or wife

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

7. Birth date of deceased June 25 1874 (Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 2 If less than one day hr. min.

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

10. Usual occupation Retired Mail Carrier

11. Industry or business

FATHER 12. Name Leonard Langeneckert

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

MOTHER 14. Maiden name Mary Brinkmeyer

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

16. (a) Informant Henry Langeneckert

(b) Address 3010 Victor St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Tuesenheim Bros.

(b) Address 6409 Gravois Ave

19. (a) MAR 1 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day February year 1945 hour 6:40 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1945, 1945 to Feb 27, 1945 that I last saw him alive on Feb 26, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Functional Psychosis

Major findings: Of operations None

Of autopsy No

Duration

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

23. Signature Ernest G. Burdt M.D. (M. D. or other)

Address 1901 Cherokee Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Homer H. Fritz

Licensed Embalmer No. 3882

P.O. Address .....

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.