

FILED FEB 16 1945
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 1060

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:
3820 Nebraska Ave., 1
(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 _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3820 Nebraska Ave.,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Langensand

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 Anna Marie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 6, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 8 25 _____ hr. _____ min.

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

10. Usual occupation Dairy

11. Industry or business So. St. Louis Dairy Co.

MOTHER FATHER { 12. Name Don't Know
13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know 9
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Walter L. Langensand
(b) Address 3820 Nebraska Ave.,

17. (a) Burial, (b) Date thereof 2/5/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (e) Signature of funeral director Gebken-Benz Mortuary,
(b) Address 2842 Meramec St.,

19. (a) FEB 2 1945 (b) _____ (Registrar's signature)
(Date signed local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1st
year 1945 hour 4: minute 15 P. M.

21. I hereby certify that I attended the deceased from 12/1/45 to 1/31/45, 19____;
that I last saw him alive on 1/31/45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Decompenata
Due to Hypertension Vasculis
renalis syndrome

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations _____
Of autopsy _____
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? _____

23. Signature W. Kunz (M. D. or D. O.)
Address 3805 S. Babcockway Date signed 2/7/45
(Specify type of place) (e) Means of injury _____

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Francis Williamson*

Licensed Embalmer No. *3565*

P. O. Address..... *St. Louis 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.