

FILED MAR 7 1945

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 4

1. PLACE OF DEATH:

(a) County St. Charles  
 (b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
730 McDonough Street  
(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)

3. (a) PRINT FULL NAME Marie Langenheder

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 8, 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	6	27	hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Henry Langenheder  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Florentine Voth  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Langenheder  
 (b) Address St. Charles, Mo  
 17. (a) Burial (b) Date thereof Jan. 8, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Halksman - Bauer  
 (b) Address 376 N. 6th St. St. Charles, Mo

19. (a) Jan 8, 1945 (b) Ernest G. Paul  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
 (c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1803 N. Third Street  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8 year 1945 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Inquest  
Falling down basement  
Stomach Aneurysm

Other conditions 1860  
(Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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?  
At Home  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury 3  
 23. Signature Ernest G. Paul (or other) \_\_\_\_\_  
 Address St. Charles, Mo Date signed Jan 8, 1945

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-6-45

MAR - 8 1945

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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..... *Arthur C. Bane* .....

Licensed Embalmer No. 3155

P. O. Address..... *St Charles 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.**