DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17902

Registration District No. 317 | Primary Registration District No. 3063 | Registrar's No. 11845

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 96
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 8031 Elmore Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes-No)
If yes, name country

3. (a) PRINT FULL NAME Langston Baby Boy
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race C
6. (a) Single, married, widowed, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 13 (Day) 1946 (Year)
8. AGE: Years | Months | Days | If less than one day 2 hrs. min.
9. Birthplace Clayton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER 12. Name Booker T Langston
13. Birthplace Andalusia (City, town, or county) Alabama (State or foreign country)
MOTHER 14. Maiden name Clara Phelps
15. Birthplace Boseum (City, town, or county) Florida (State or foreign country)
16. (a) Informant Mother
(b) Address 8031 Elmore R.H.
17. (a) 5-17-46 (Burial, cremation, or removal) (b) Date thereof 5-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis infirmary
18. (a) Signature of funeral director Jas Ryan
(b) Address 5800 Delmar St
19. (a) 6-1-46 (Date received local registrar) (b) E.S. McDavan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13 year 1946 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from 3-13, 1946 to 3-13, 1946 that I last saw him alive on 3-13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	
Due to 159	
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? (Specify type of place)
While at work? (e) Means of injury —
23. Signature John T. Farrar (M. D. or other)
Address 601 Brentwood Clayton Date signed 3/13/46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.