S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 18 1947

Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3070

State File No. 29824

Registrar's No. 1644

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 724 E. Swon Ave.
(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)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St Louis 96
(c) City or town: Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 724 E Swon Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Harry O. Langford
3. (b) If veteran, name war .....
3. (c) Social Security No. 497-03-4782

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Langford
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: May (Month) 18 (Day) 1876 (Year)

8. AGE: Years 71 | Months 2 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace: Dayton (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Salesman
11. Industry or business: Laundry.

MOTHER FATHER
12. Name: Oscar Langford
13. Birthplace: New York (City, town, or county) New York (State or foreign country)
14. Maiden name: Rosetta Radeau
15. Birthplace: New York (City, town, or county) New York (State or foreign country)

16. (a) Informant: Mrs Mary Langford
(b) Address: 724 E. Swon Ave. W. Groves Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Resurrection Cemetery
18. (a) Signature of funeral director: Louis H. Bopp, Inc.
(b) Address: 131 W. Argonne Dr. Irkwood Mo
19. (a) 8-4-47 (Date received local registrar) (b) Beulah Sharpe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 1 year: 1947 hour: 3 minute: 30 A.M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Coronary occlusion
Due to: 94a
Due to: 94a
Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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) Means of injury .....
23. Signature: Everett R. Sharp (M. D. ~~or other~~)
Commissioner of Health
Address ..... Date signed 8-4-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 19 1967

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood (22) 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.