S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36557

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 2273

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 6902 Washington Blvd.,
(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 St. Louis 96
(c) City or town University City, 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6902 Washington Blvd., 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME FREDERICK Wm. LANGENBERG.
3. (b) If veteran, name war No
3. (c) Social Security No. 497-05-0866
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie H. Langenberg.
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased January (Month) 16 (Day) 1872 (Year)

8. AGE: Years 75 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Bay, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation President of
11. Industry or business Langenberg Grain Co.,
FATHER
12. Name William F. Langenberg. 0
13. Birthplace Bay, (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Henrietta Flachman.
15. Birthplace (City, town, or county) Germany. (State or foreign country) 4
16. (a) Informant Mrs. Minnie H. Langenberg.
(b) Address 6902 Washington Blvd.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.,
19. (a) 10-30-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29 year 1947 hour 7 00 minute a. M.

21. I hereby certify that I attended the deceased from 1934, to October 29, 1947, that I last saw him alive on October 27, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Myocardial	1 mo
Due to Chronic mitral stenosis	40+
Due to 45 b	
Other conditions Carcinoma tongue (Include pregnancy within 3 months of death)	
and throat Operative	
Major findings: Of operations recurrence. Biopsy and neck dissection 1 yr ago	
Of autopsy no	

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature J. Fred W. Clark (M. D. or other)
Address 864 Hamilton Blvd. Date signed 10-29-47
St. Louis 12 Mo

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

864 Hamilton
CA - 2354
1 to 4 P.M.

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 Harold C. Kirks, Registered Apprentice No. 4, working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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.