U. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 22 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43235

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11287

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: Jewish Hospital
(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 Missouri (b) County 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7306 Tulane Avenue 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME AUGUST LANGENECKER
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maud Langenecker
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased August (Month) 24 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
73	3	14	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation shoe salesman - unemployed
11. Industry or business
FATHER
12. Name Fred Langenecker
13. Birthplace unknown (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Emily Adleta
15. Birthplace unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Maud Langenecker
(b) Address 7306 Tulane Ave., U. City
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., U. City
19. (a) DEC 9-1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th year 1947 hour 10 minute 15 A. M.
21. I hereby certify that I attended the deceased from ~~Dec~~ Nov. 28, 1947, to Dec. 8, 1947; that I last saw him alive on Dec. 8, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	8 days
Due to: generalized arteriosclerosis	year
Due to:	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature M. Norman Orgel (M. D. or other) M.D.
Address 508 No. Grand Date signed 12/9/47

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

Dr. Norman Orgel
Mo-Theatre Bldg.
NE-4375

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.