FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6627 1268

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

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

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: 2845 Missouri 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 DEACESED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2845 Missouri Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William P. Langehennig
3. (b) If veteran, name war --
3. (c) Social Security No. 489-05-1116
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Sept. (Month) 28 (Day) 1883 (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	4	6	hr. min.

9. Birthplace Uknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Blacksmith
11. Industry or business
12. Name Philip Langehennig
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
14. Maiden name Caroline Geib
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Ida Langehennig
(b) Address 2845 Missouri Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Newist. Marcus Cem.
18. (a) Signature of funeral director Wacker-Weldele
(b) Address 3634 Gravois Ave.
19. (a) (Date received at registrar) (b) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1948 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from Feb, 1948, to Feb 4, 1948, that I last saw him alive on February 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchogenic Carcinoma	1 year
Due to	
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 Eugene H. Edele (M. D. or other) MD
Address 4471 Chippewa St. Date signed 2-6-48

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

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 Robert C Wheeler

Licensed Embalmer No. 2178

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.