

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED MAY 15 1948 **318**
Registration District No. _____

Primary Registration District No. **100's**

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

1. PLACE OF DEATH:

(a) County St. Louis
(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 Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 days
35 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME MANNIS LANGFELD

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rachel 6. (c) Age of husband or wife if Jan 15 1889 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: 59 Years 3 Months 19 Days If less than one day hr. min.

9. Birthplace Bessarabia (City, town, or county) (State or foreign country)

10. Usual occupation Merchant (State or foreign country)

11. Industry or business Dry Goods

12. Name Mathes Langfeld

13. Birthplace Sara (unk) (State or foreign country)

14. Maiden name Sara (unk)

15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Ely Langfeld

(b) Address 6625 Washington

17. (a) Byrial (Burial, cremation, or removal) (b) Date thereof 5/5/48 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director 4716 McPherson

(b) Address MAY 5 1948

19. (a) (Date received local registrar) J. F. Brodock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2129 So. Broadway
23 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1948 hour 110 minute 10 M.

21. I hereby certify that I attended the deceased from April 30 1948 to May 4 1948; that I last saw him alive on May 4 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 4 days

Due to _____
Due to 94

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:

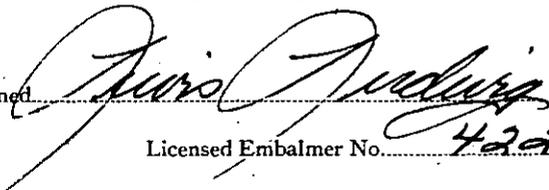
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? (Specify type of place) _____ (e) Means of injury 0

23. Signature Julius Elson (M. D. or other)
Address 7607 N. Grand Date signed 5/4/48

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..... 4229

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.