S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14894

FILED MAY 15 1948

Registration District No. 3187

Primary Registration District No. 3069

Registrar's No. 1182

1. PLACE OF DEATH:

(a) County St. Louis, County.

(b) City or town Richmond Heights, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital. 0
(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,

(c) City or town Ladue, 96
(If outside city or town limits, write "RURAL")

(d) Street No. #15 Picardy Lane. 12
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 1

If yes, name country 1

3. (a) PRINT FULL NAME IRENE VERDIN LANGAN.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Female. 1

5. Color or race White.

6. (a) Single, widowed, married, divorced Widowed. 2

6. (b) Name of husband or wife Leon B. Langan,

6. (c) Age of husband or wife if alive Dec'd., years

7. Birth date of deceased December (Month) 18th, (Day) 1878. (Year)

8. AGE: Years 69. Months 4. Days 26. If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name Bernard M. Verdin.
13. Birthplace St. Louis, (City, town, or county) Missouri. 0 (State or foreign country)

MOTHER
14. Maiden name Josephine Harris.
15. Birthplace St. Louis, (City, town, or county) Missouri. 0 (State or foreign country)

16. (a) Informant Mrs Richard S. Hawes, Jr.,
(b) Address #15 Picardy Lane, Ladue, Mo.,

17. (a) Interrment. (Burial, cremation, or removal) (b) Date thereof 5/11/48. (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.

19. (a) 2-10-48 (Date received local registrar) (b) Paul A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th, year 1948. hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from May 10, 1945, to May 9, 1948 that I last saw her alive on May 9, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 days
Due to Hypertension	10
Due to Rheumatic heart disease	20 yrs
Other conditions (Include pregnancy within 3 months of death) 95 b	

Major findings:
Of operations
Of autopsy same

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

23. Signature Fred Kramer (M. D. or other) M.D.
Address 634 N Graced Date signed 5-10-48

(Licensed Embalmer's Statement on Reverse Side)

5-10-48

Dr Fred Kramer
634 N. Grand - Blvd.
Hrs: - 1-4.
JE: 1870.

AUG 1 9 1948

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 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.