

FILED APR 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8011

37  
6

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

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>4193</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived; if inquisition: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>		c. LENGTH OF STAY (in this place) <u>6 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>		31	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East 12th St.,</u>				d. STREET ADDRESS (If rural, give location) <u>East 12th St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) _____ c. (Last) <u>LANGEMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 7 1949</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 29, 1862</u>		9. AGE (In years last birthday) <u>86</u>	10 UNDER 1 YEAR Months <u>9</u> Days <u>8</u>	11 OVER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Caplen Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Conrad Langemann</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Staake</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Langemann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ella Hoepfner, Hermann, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural Causes</u>				_____			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(symptoms: Apoplexy)</u>				_____			
DUE TO (c) _____				_____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				_____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3-3-49</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____ 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:30 p</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hugo H. Bleumer</u> Coroner <u>3</u>				23b. ADDRESS <u>Hermann Mo</u>		23c. DATE SIGNED <u>3-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-11-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Schlusersburg Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Schlusersburg, Mo</u>		
DATE REC'D BY LOCAL REG. <u>3/9/49</u>		REGISTRAR'S SIGNATURE <u>D. M. Underwiler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugo H. Bleumer</u>		ADDRESS <u>Hermann, Mo</u>	

Date Filed APR 8 1949

District File Number.....

District Health Officer No. 9

**RECEIVED**

**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 \_\_\_\_\_

-----

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Hugost H. Plummer*  
3160

Licensed Embalmer No. \_\_\_\_\_

P. O. Address Hermann, Md

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.