

No. 300
10.48

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18124

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 817

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Bonhomme	c. LENGTH OF STAY (In this place) 40 years	c. CITY (If outside corporate limits, write RURAL and give township) Rural, Bonhomme Twshp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clayton & Topping Rds.		d. STREET ADDRESS (If rural, give location) Clayton & Topping Roads	

3. NAME OF DECEASED (Type or Print) a. (First) Philip	b. (Middle) George	c. (Last) Langewisch	4. DATE OF DEATH (Month) (Day) (Year) April 2, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 30, 1884	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) St. Louis Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry J. Langewisch	13b. MOTHER'S MAIDEN NAME Katherine Rauscher	14. NAME OF HUSBAND OR WIFE Anna Greb Langewisch
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Langewisch, Clayton, Mo.	ADDRESS #1.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) 4201		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 94a			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 21, 1949 to March 30, 1949 that I last saw the deceased alive on March 30, 1949, and that death occurred at 2:49 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. H. Zwartz M.D.	(Degree or title)	23b. ADDRESS 123 E. Adams Kirkwood Mo.	23c. DATE SIGNED 4/2/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 4, 49	24c. NAME OF CEMETERY OR CREMATORY St. Paul's	24d. LOCATION (City, town, or county) (State) Des Peres, Mo.
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DATE REC'D BY LOCAL REG. 4-4-49	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo.	ADDRESS
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(License of Embalmer's Statement on Reverse Side)

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

*Dr. Thomsen
125 E. Louisiana.*

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.

Signed _____

Geo. Schradler

Signed _____
Student Embalmer

Licensed Embalmer No. *3066*

P. O. Address *Ballwin, 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.