

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUL 30 1949

State File No. **25032**
Registrar's No. **6271**

318 PRIMARY REG. DIST. NO. **1003**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,									
d. FULL NAME OF HOSPITAL OR INSTITUTION 4246 St. Louis Avenue				d. STREET ADDRESS (If rural, give location) 4246 St. Louis Ave									
3. NAME OF DECEASED (Type or Print) a. (First) Frederick			b. (Middle)			c. (Last) Langenohl			4. DATE OF DEATH (Month) (Day) (Year) 7 17 49				
5. SEX Male (1)		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 15, 1870		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marble Setter				10b. KIND OF BUSINESS OR INDUSTRY Retired				11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME August Langenohl				13b. MOTHER'S MAIDEN NAME Augusta Stecker				14. NAME OF HUSBAND OR WIFE Emma M. Langenohl					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME 4246 ADDRESS Mrs. Emma M. Langenohl St. Louis					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH			
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia						3 days			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cystitis & Lead Poison						?			
				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				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) 133					
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? 6001					
22. I hereby certify that I attended the deceased from Nov. 9, 1948 , to July 17, 1949 , that I last saw the deceased alive on July 16, 1949 , and that death occurred at 10:30 p. m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Arthur S. ... M.D.				23b. ADDRESS 2202 University St.				23c. DATE SIGNED 7/11/49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/20/49		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem				24d. LOCATION (City, town, or county) (State) St. Louis County Mo.					
DATE REC'D BY LOCAL JUL 19 1949				REGISTRAR'S SIGNATURE J. B. Lasater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hughes Bros, Inc - 3402 N. Kings Highway					

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

Handwritten scribble

Price 2.0000

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, ~~only~~ _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Isaac W. Wilkinson*

Licensed Embalmer No. *3575*

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.