

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35332
8836

State File No.
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>5 years</u>		d. STREET ADDRESS (If rural, give location) <u>27-1417 N. Jefferson ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Alice</u>	c. (Last) <u>Langston</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Sept. 6, 1933</u>	9. AGE (In years last birthday) <u>16</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>0</u>	IF UNDER 1 HRS. Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School girl</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Abberdeen, Miss.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>William James Langston</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth ?</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Langston</u>	ADDRESS <u>1417 Jefferson</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculous Meningitis and</u>	Tuberculous Spondylitis		
ANTECEDENT CAUSES	DUE TO (b) <u>Tuberculous Spondylitis</u>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS	<u>Uterine Pregnancy (Delivered prematurely</u>		
Conditions contributing to the death but not related to the disease or condition causing death.	<u>living infant)</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>living infant)</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>10</u>
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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? <u>0120</u>
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22. I hereby certify that I attended the deceased from 6-3, 1949, to 10-6, 1949, that I last saw the deceased alive on 10-6, 1949, and that death occurred at 4:55 Pm., from the causes and on the date stated above.

22a. SIGNATURE <u>Thomas O. Binn</u>	(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>2601 N. Whittier St.</u>	23c. DATE SIGNED <u>10-10-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct. 14, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u>
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DATE RECEIVED BY LOCAL REG. <u>Oct 17 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Casater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dement & Son</u>	ADDRESS <u>2620-31 Cole St.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

H. Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

4575 Alder

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.