

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39649

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 3070 Registrar's No. 4319

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

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1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		c. LENGTH OF STAY (in this place) 1 1/2 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		d. STREET ADDRESS (If rural, give location) 8723 Watson Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8723 Watson Rd.			

3. NAME OF DECEASED (Type or Print) a. (First) Aloysius b. (Middle) _____ c. (Last) Langbein			4. DATE OF DEATH (Month) (Day) (Year) Nov 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 June 15, 1898		9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabin owner			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) St Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME William Langbein		13b. MOTHER'S MAIDEN NAME Julia Schmitt		14. NAME OF HUSBAND OR WIFE Alvena Langbein	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW-1		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Alvena Langbein ADDRESS 8723 Watson Rd.	
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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) self-inflicted gunshot wound of head.							
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
		DUE TO (b) _____							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						E976A	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 8723 Watson Rd., St. Louis, Mo.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 2 49 A.M.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? see above		
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arnold J. Willmann (Degree or title) Coroner		23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 11/4/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 11/5/49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St Louis County, Mo.	
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DATE REC'D BY LOCAL REG. Nov. 4, 1949		REGISTRAR'S SIGNATURE Herbert B. Adams, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons ADDRESS 7027 Gravois	
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DEC. 21 1949

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 W. G. Peterson

Licensed Embalmer No. 3167

P. O. Address 7027 Gravois

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.