

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39766**  
**04524**  
Registrar's No.

FILED DEC 6 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

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65  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>St. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pine Crest BALLWIN</b>	c. LENGTH OF STAY (in this place) <b>1 Month</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Normandy</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pine crest Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>8714 Evans Road</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Gustave</b> b. (Middle) <b>John</b> c. (Last) <b>Langsdorf</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 26th 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 31 1880</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shipping Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Whole Sale Stationery</b>		11. BIRTHPLACE (State or foreign country) <b>Berkesville Ills. / U.S.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Anton Langsdorf</b>	13b. MOTHER'S MAIDEN NAME <b>Charolette Dont Know</b>	14. NAME OF HUSBAND OR WIFE <b>Mamie C.</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>499-10-8420</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mamie C. Langsdorf</b> ADDRESS <b>8714 Evans Rd.</b>
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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, ashenia, 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) <b>cluba remonay</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <b>chronic myocarditis</b>		<b>3 3/4</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Oct 26**, 1949, to **Nov 26**, 1949, that I last saw the deceased alive on **Nov 21**, 1949, and that death occurred at **L. 30 A mi.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. J. Mallin M.D.</b>	23b. ADDRESS <b>3507 Potomac</b>	23c. DATE SIGNED <b>11-26-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 28-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11-28-49</b>	REGISTRAR'S SIGNATURE <b>Herbert H. Womke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mr. Arthur J. Donnelly</b> ADDRESS <b>3840 Lindell Blvd.</b>
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Mr. McKeen  
462 N. Taylor  
1-2  
3509 B. ... 3-12 ✓

**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. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.