

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42695

10465 2

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

10807

BIRTH NO.

## 1. PLACE OF DEATH

a. COUNTY ~~St. Louis County, Missouri~~

b. CITY (If outside corporate limits, write RURAL and give township) St. Louis

c. LENGTH OF STAY (In this place) 33 years

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital # 1

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY 0911

c. CITY (If outside corporate limits, write RURAL and give township) St. Louis

d. STREET ADDRESS (If rural, give location) 26-807 Wright St.

## 3. NAME OF DECEASED (Type or Print)

a. (First) Ella

b. (Middle)

c. (Last) Langley

4. DATE OF DEATH (Month) (Day) (Year) Dec. 14 1949

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 31 1876

9. AGE (In years last birthday) 73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Chesterfield, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

## 13a. FATHER'S NAME

Thomas Rigdon

## 13b. MOTHER'S MAIDEN NAME

Lavina Hathaway

## 14. NAME OF HUSBAND OR WIFE

Bert Langley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. -----

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Bert Langley, 807 Wright St.

## 18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

## MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Anemia

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congestive Heart Failure

DUE TO (c) Arteriosclerotic Heart Disease

## 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  NO 

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

(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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

21f. HOW DID INJURY OCCUR? H-200

22. I hereby certify that I attended the deceased from 11/5/1949, to 12/14/1949, that I last saw the deceased alive on 12/14/1949, and that death occurred at 9:05 PM from the causes and on the date stated above.

23a. SIGNATURE

Caron Herdin (M.D.)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 17 1949

24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE RECD BY LOCAL REG. OFFICE DEC 16 1949

REGISTRAR'S SIGNATURE J. B. Jasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc. 1936 St. Louis Ave.

(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 Max L. Wapfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.