

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18371  
State File No. 18336  
14386

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **21 yrs**  
OR CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2069**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Mary's Infirmary** d. STREET ADDRESS (If rural, give location) **4928 Highland Avenue**

3. NAME OF DECEASED a. (First) **Edgar** b. (Middle) \_\_\_\_\_ c. (Last) **Langford** 4. DATE OF DEATH (Month) (Day) (Year) **5/19/50**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **2/25/1905** 9. AGE (In years last birthday) **45** IF UNDER 1 YEAR Months **3** IF UNDER 12 HRS. Day **24** Hour Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Pharmacist** 10b. KIND OF BUSINESS OR INDUSTRY **Drug Store** 11. BIRTHPLACE (State or foreign country) **Princeton, Indiana** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Wade Langford** 13b. MOTHER'S MAIDEN NAME **Anna Allen** 14. NAME OF HUSBAND OR WIFE **Anna K. Langford**

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. **None** 17. INFORMANT'S SIGNATURE OR NAME **Anna K. Langford** ADDRESS **4928 Highland Ave.**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Subarachnoid Hemorrhage**  
ANTECEDENT CAUSES DUE TO (b) **Hypertension**  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH **8 days**  
**Unknown**

19a. DATE OF OPERATION **5-19-50** 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) **330X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **Partially**

22. I hereby certify that I attended the deceased from **5-14**, 19**50**, to **5-19**, 19**50**, that I last saw the deceased alive on **5-19**, 19**50**, and that death occurred at **4:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **M.E. Smith, M.D.** (Degree or title) 23b. ADDRESS **11 N. Jefferson Avenue** 23c. DATE SIGNED **5-22-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **5/22/50** 24c. NAME OF CEMETERY OR CREMATORY **St. Peters Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **MAY 22 1950** REGISTRAR'S SIGNATURE **J. B. Slaughter** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Chas. J. Gates, 4107 Finney Avenue**

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. 337

working under my personal supervision.

Student Henry F. Draper  
Student Embalmer

Signed John K. Cunningham  
Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.