

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **24990**  
 Registrar's No. **6341**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2169</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Pac. Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>3415 a Chippewa</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b>			b. (Middle) <b>Albert</b>		c. (Last) <b>Langehennig</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 22 50</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>Nov. 25, 1886</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinest</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Manufactures RR</b>		11. BIRTHPLACE (State or foreign country) <b>Jefferson Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Philip Langehennig</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Geib</b>		14. NAME OF HUSBAND OR WIFE <b>XXXXXXXXXXXXXXXXXX</b>			
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>XXXXX 702-09-0354</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Eda Williams, 3415 a Chippewa</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchogenic Ca of lung</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>wide spread metastases</b>  DUE TO (c) <b>ASHD</b>				INTERVAL BETWEEN ONSET AND DEATH <b>about 1 yr.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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? <b>162X</b>			
22. I hereby certify that I attended the deceased from <b>July 12, 1950</b> , to <b>July 22, 1950</b> , that I last saw the deceased alive on <b>July 22, 1950</b> , and that death occurred at <b>3:35 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Robert A. Huchatop M.D.</b>				23b. ADDRESS <b>1755 So. Grand</b>		23c. DATE SIGNED <b>7/22/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/26/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery, DeSoto,</b>		24d. LOCATION (City, town, or county) (State) <b>Mo. De Soto, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 24 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Lassiter</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wacka-Hall &amp; Co., 3634 Gravois</b>			

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Frank J. James Sr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2675*

P. O. Address *St Louis Mo*

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.