

FILED NOV 24 1950 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38230

#11166

Registrar's No. 9288

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No. 9288			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 2109					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				e. STREET ADDRESS (If rural, give location) 3610 PALM ST.					
3. NAME OF DECEASED (Type or Print) SAMUEL LANGLEY			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH October 30th, 1950			a. (Month) (Day) (Year)			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED		8. DATE OF BIRTH MAR 9, 1869			
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IRON WORKER		10b. KIND OF BUSINESS OR INDUSTRY STRUCTURAL		11. BIRTHPLACE (State or foreign country) INDIANA			
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME NOT KNOWN		13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE LUCY LANGLEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Woodward 3610 Palm					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Decaying Colitis & Hemorrhage. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Possibly Cirrhosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage from rectum						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 156A					
22. I hereby certify that I attended the deceased from 10/11/50 to 10/30/50, 1950, that I last saw the deceased alive on 10/30/50, 1950, and that death occurred at 12:50 p.m., from the causes and on the date stated above.									
23a. SIGNATURE J. M. STOKES (Degree or title) _____				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 10/30/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-2-50		24c. NAME OF CEMETERY OR CREMATORY Lake Charles		24d. LOCATION (City, town, or county) St. Louis Co. Mo			
DATE REC'D BY LOCAL REG. NOV 1 1950		REGISTRAR'S SIGNATURE J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knowlton 2707 W. Grand					

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

Stanley A. Wilson

Signed.....

Student Embalmer

Licensed Embalmer No. *4193*

P. O. Address *St. Louis*

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.