

FILED JUN 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17621

State File No.

BIRTH NO. 31204-51 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN #2 Wood, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft Leonard Wood 0850	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) US Army Hospital 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION USAH Fort Leonard Wood, Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) Leif	b. (Middle) Nels	c. (Last) Langsjoen	4. DATE OF DEATH (Month) (Day) (Year) April 7, 1951
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 4 April 1951	9. AGE (In years last birthday) IF UNDER 1 YEAR Months 3 IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 0	12. CITIZEN OF WHAT COUNTRY? USA
		Fort Leonard Wood, Missouri	

13a. FATHER'S NAME Odin M. Langsjoen	13b. MOTHER'S MAIDEN NAME Mavis M. McClure	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Odin M. Langsjoen	ADDRESS Ft Leonard Wood Mo
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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 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastis fetalis		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	7700	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 4 April 1951, to 7 April 1951, that I last saw the deceased alive on 7 April 1951, and that death occurred at 1130 p m., from the causes and on the date stated above.

23a. SIGNATURE Henry P. Saub (Degree or title)	23b. ADDRESS Missouri	23c. DATE SIGNED 7 April 1951
US Army Hospital Ft. Leonard Wood		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10 April 51	24c. NAME OF CEMETERY OR CREMATORY Val Halla Chapel of Memories St. Louis 14, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 5-28-51	REGISTRAR'S SIGNATURE Opal Ray 389	25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Nedges	ADDRESS Meris, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1850

910

Date Filed 5-28-51

File Number

Pulaski County Health Officer

RECEIVED 5-28-51

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

*Remains were not embalmed
Cremation was made at*

Student Embalmer No.

Signed.....
Student Embalmer

Valhalla Crematory, St. Louis, Mo.

Licensed Embalmer No.

Walter P. Nease #4265 St. Louis, Mo.

Address

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.