

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

34768

State File No. _____

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 338

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington RURAL St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 447 Central	

3. NAME OF DECEASED (Type or Print) a. (First) CARL	b. (Middle) JULIUS	c. (Last) LANGHORST	4. DATE OF DEATH (Month) (Day) (Year) October 14, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 2, 1915	9. AGE (In years last birthday) 36	IF DECEASED IN MONTHS 7	IF DECEASED IN HOURS 12	IF DECEASED IN MINUTES
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Purchasing Agent	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) O'Fallon, Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Fred John Langhorst	13b. MOTHER'S MAIDEN NAME Clara Reinke	14. NAME OF HUSBAND OR WIFE Helen Lyons Langhorst
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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) Unknown	16. SOCIAL SECURITY NO. 493-10-4981	17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Epilepticus - - - - - instantaneous		
	ANTECEDENT CAUSES DUE TO (b) Convulsions of unknown etiology DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Encephalitis causing psychosis with cerebral degeneration.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 3532 YES <input type="checkbox"/> NO <input checked="" 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) m.	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 June 7, 1951 to October 14, 1951 that I last saw the deceased alive on October 14, 1951, and that death occurred at 7 A. M., from the causes and on the date stated above.

23a. SIGNATURE <i>John A. Brennan M.D.</i> (Degree or title)	23b. ADDRESS State Hospital No. 4, Farmington, Mo.	23c. DATE SIGNED 10-15-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-17-51	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. Oct. 16, 1951	REGISTRAR'S SIGNATURE <i>Esther Rudloff</i> 289	25. FUNERAL DIRECTOR'S SIGNATURE Bopp Funeral Home ADDRESS 131 Argonne Dr. Kirkwood, Missouri.
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 21 1951

RECEIVED

JUN 16 1953

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 *Felix Pluand*

Licensed Embalmer No. *3034*

P. O. Address *Kirkwood 22 m*

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.