

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43574

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 370 Registrar's No. 4147

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>1507</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Webster Groves, Mo.</u> c. LENGTH OF STAY (in this place) <u>58</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Webster Groves</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1030 Oakland</u>		d. STREET ADDRESS (If rural, give location) <u>1030 Oakland</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph F. Langen</u>	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29, 1951</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 23, 1902</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months   Days	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) <u>Accountant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>John P. Langen</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Kennedy</u>	14. NAME OF HUSBAND OR WIFE <u>Catherine Langen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Catherine Langen</u> ADDRESS <u>1030 Oakland Webster Groves, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Viral Pneumonia</u>  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>  <u>days</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE</u>	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) <u>12-29-51 9:22 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-25-51 to 12-29-51, 1951, that I last saw the deceased alive on 12-29-51, 1951, and that death occurred at 4 p.m., from the causes and on the date stated above.

23a. SIGNATURES <u>Edward M. [Signature]</u> (Degree or title)	23b. ADDRESS <u>204 E. Big Bend Rd.</u>	23c. DATE SIGNED <u>12-31-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-2-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lamay, Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-31-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u> ADDRESS <u>8322 Grand Blvd.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR. ELLSWORTH WESTRUP  
204 E. BIG BEND  
162

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 \_\_\_\_\_

*myself*  
working under my personal supervision

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *David Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address *6322 So Grand*

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.