No. 300
10-48

FILED JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26559

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1888

1. PLACE OF DEATH
a. COUNTY ST. LOUIS 3
b. CITY OR TOWN CLAYTON ~~FENTON (MERAMEC RIVER)~~ (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place) D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. ST. LOUIS CO. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY 21 L9
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 16 1
d. STREET ADDRESS (If rural, give location) 3019 GRAVOIS

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) P.
c. (Last) LANGELLE

4. DATE OF DEATH (Month) JULY (Day) 10 (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH FEB 14-1884
9. AGE (In years last birthday) 68 | 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) RETIRED STOCK CLERK
10b. KIND OF BUSINESS OR INDUSTRY FAMOUS BARR
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THEODORE LANGELLE
13b. MOTHER'S MAIDEN NAME MARIE GUATHEM
14. NAME OF HUSBAND OR WIFE ALICE LANGELLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 497-10-7867
17. INFORMANT'S SIGNATURE OR NAME ALICE LANGELLE **ADDRESS** 3019 GRAVOIS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural causes — INTERVAL BETWEEN ONSET AND DEATH: unk

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 1955
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Herbert R. Domke (Degree or title) Herbert R. Domke, M. D. Local Registrar
23b. ADDRESS 651 S. Brentwood, Clayton
23c. DATE SIGNED 7-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 7-12-52
24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.
24d. LOCATION (City, town, or county) ST. LOUIS (State) MO

DATE REC'D BY LOCAL REG. 7-11-52
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis **ADDRESS** 2906 Gravois
(Licensed Embalmer's Statement on Reverse Side)

SW

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed James C Hill

Licensed Embalmer No. 4347 G

P. O. Address 2906 Harris

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.