

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36589

State File No. 36589

9099

Registrar's No. 9099

FILED OCT 21 1952

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1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		2009		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4723a Ashland Avenue, 15</b>				d. STREET ADDRESS (If rural, give location) <b>4723a Ashland Avenue, 15,</b>				
3. NAME OF DECEASED a. (First) <b>Ethel</b> (Type or Print)		b. (Middle) <b>M.</b>		c. (Last) <b>Langhammer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 1st. 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 19th, 1903</b>		
9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 MIN. Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Perry D. Eggleston</b>			13b. MOTHER'S MAIDEN NAME <b>Maude (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph Langhammer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Langhammer, 4723a Ashland Avenue.</b>				
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) <b>Carcinoma - Primary - Bone</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>						
ANTECEDENT CAUSES		DUE TO (b) <b>Primary from not known</b>						
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <b>Carcinoma - left femur. Biopsy - April 1952</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? _____ <b>1998</b>				
22. I hereby certify that I attended the deceased from <b>2-12-52</b> , 19____, to <b>10-1-52</b> , 19____, that I last saw the deceased alive on <b>2-27-52</b> , 19____, and that death occurred at <b>7:45A</b> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Thomas D. Thompson M.D.</b>				23b. ADDRESS <b>634 N. Grand Blvd.</b>		23c. DATE SIGNED <b>10-1-52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/3/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Saint Louis, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>OCT 1 1952</b>		REGISTRAR'S SIGNATURE <b>Calvin F. Feutz</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>				

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

( BEFORE 12:00 NOON WEDNESDAY SURE )

File in City

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 Ralph C. Linder

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo

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.