

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1953
Missouri

State File No. 2719

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 305-8 Registrar's No. 9

1923
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	
		d. STREET ADDRESS (If rural, give location) 814 Clay St.	

3. NAME OF DECEASED (Type or Print) KATHRYN	a. (First)	b. (Middle)	c. (Last) LANGSTADT	4. DATE OF DEATH January 8 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 25, 1881	9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Months 3 Days 14	11. UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) St. Charles, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Louis J. Ringe	13b. MOTHER'S MAIDEN NAME Margaret Weil	14. NAME OF HUSBAND OR WIFE Adolph Langstadt
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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. None	17. INFORMANT'S SIGNATURE OR NAME Adolph Langstadt, St. Charles, Missouri	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 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectosigmoid		
	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.		154X	

19a. DATE OF OPERATION 5/10/51	19b. MAJOR FINDINGS OF OPERATION Carcinoma of rectosigmoid & local metastases	20. AUTOPSY? 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)	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 **May 10**, 1951, to **Jan 8**, 1953, that I last saw the deceased alive on **Jan 7**, 1953, and that death occurred at **3:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE B. L. Gumb riser, M.D. (Degree or title)	23b. ADDRESS 206 Washington St. Charles, Mo	23c. DATE SIGNED Jan 9, 1953 (State)
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE January 10, 1953	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri
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DATE REC'D BY LOCAL REG. Jan 9, 1953	REGISTRAR'S SIGNATURE Harold Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE Hackman - Baw. ADDRESS St. Charles, Mo.
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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

Clarence M. Bello

Licensed Embalmer No. 4375

P. O. Address St. Charles, 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.