

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4321

State File No.

FILED JAN 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>0134</u>		
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>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. John</u>		c. LENGTH OF STAY (in this place) <u>20 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. John</u>		4261		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8724-St. Charles Rd.</u>				d. STREET ADDRESS (If rural, give location) <u>8724-St. Charles Rd.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>MARGARET</u> c. (Last) <u>LANGMEYER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 15-1953</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr 11 1871</u>	9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during usual hours of work) <u>Asst. in school</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Schubert</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Gustafson</u>		14. NAME OF HUSBAND OR WIFE <u>William Red.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edna Langmeier-8724-St. Charles Rd.</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 years</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>---</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>---</u>				
22. I hereby certify that I attended the deceased from <u>Oct. 1</u> , 19 <u>50</u> , to <u>Jan. 15</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan. 14</u> , 19 <u>53</u> , and that death occurred at <u>3:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Ray A. Wallich Sr. M.D.</u>			23b. ADDRESS <u>Overland 14 Mo.</u>			23c. DATE SIGNED <u>1-16-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-17-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parklawn Cems.</u>		24d. LOCATION (City, town, or county) (State) <u>Berwyn Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-16-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Jones - M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blundin Bros. Inc.</u>		ADDRESS <u>7504 Woodson Rd. Overland, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE CLEARLY—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 308

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address

Overland 14

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.