

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **37363**  
Registrar's No. **9506**

**FILED NOV 13 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (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, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>17 1904 Alfred</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>JOSEPH</b> b. (Middle) <b>J.</b> c. (Last) <b>LANGEN</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>10 3 53</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 5, 1881</b>		<b>9. AGE</b> (In years last birthday) <b>72</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Engineer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b>		<b>13a. FATHER'S NAME</b> <b>Michael Langen</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Johanna (Unknown)</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Ida Langen</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Ida Langen</b>		<b>17. ADDRESS</b> <b>1904 Alfred Ave.</b>			
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral thrombosis</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>arteriosclerosis, generalized</b>  <b>DUE TO (b)</b>  <b>DUE TO (c)</b> <b>Bronchopneumonia</b> <b>uremia, chronic</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 days</b>  <b>3 days</b>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>332X</b>	
<b>22. I hereby certify that I attended the deceased from 10/1, 1953, to 10/3, 1953, that I last saw the deceased alive on 10/3, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> <b>Max S. Franklin M.D.</b>		<b>23b. ADDRESS</b> <b>634 N. Grand</b>		<b>23c. DATE SIGNED</b> <b>10/5/53</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>10-6-53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Park Lawn Cemetery</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Lemay, Mo.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Southern Funeral Home</b>			
<b>25. ADDRESS</b> <b>6322 S. Grand</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

300  
40

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 \_\_\_\_\_

*David Van Fossen*

Licensed Embalmer No. 4242

P. O. Address 3220

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.