

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13719

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3726

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis		c. LENGTH OF STAY (in this place) 1 wk 1 da	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Hospital			d. STREET ADDRESS (If rural, give location) 6945 Lindenwood Pl.			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Israel c. (Last) Langenberg			4. DATE OF DEATH (Month) (Day) (Year) April 22, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 10, 1893		9. AGE (In years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Engineer		10b. KIND OF BUSINESS OR INDUSTRY Frisco R. R.	11. BIRTHPLACE (State or foreign country) Walnut Ridge, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frederick Langenberg		13b. MOTHER'S MAIDEN NAME Cora Israel		14. NAME OF HUSBAND OR WIFE Van Camp V. Langenberg		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. W. W. # 1 702-07-2206	17. INFORMANT'S SIGNATURE OR NAME Mrs. Van Camp V. Langenberg ADDRESS 6945 Lindenwood Pl.				
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis 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. Coronary insufficiency			INTERVAL BETWEEN ONSET AND DEATH ?
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 199.9			
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?				
22. I hereby certify that I attended the deceased from April 19, 1954, to April 22, 1954, that I last saw the deceased alive on April 21, 1954, and that death occurred at 10:10 a.m., from the causes and on the date stated above.						
23a. SIGNATURE Hugh C. Crowell, M.D.		(Degree or title)	23b. ADDRESS 4960 Laclede, St. Louis		23c. DATE SIGNED 4/22/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-26-54	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		
DATE REC'D BY LOCAL REG. APR 26 1954	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Mittelberg Funeral Home, Inc. 23 W. LINDENWOOD AVE WEBSTER GROVES, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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

J. W. Bankley

Licensed Embalmer No.

3653

P. O. Address

St. Louis 8 Mo

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.

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