

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32685**
Registrar's No. **2278**

FILED SEP 28 1954

BIRTH NO. _____		REG. DIST. NO. 717		PRIMARY REG. DIST. NO. 500		Registrar's No. 2278	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE N.Y. b. COUNTY West Chester			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Olivette		c. LENGTH OF STAY (In this place) 10 Weeks		c. CITY OR TOWN Rye		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Old Bonhomme Rest Home				e. STREET ADDRESS (If rural, give location) 39 Evergreen Ave. 8310 8			
3. NAME OF DECEASED (Type or Print) a. (First) ERNEST		b. (Middle) FELIX		c. (Last) LANGLEY		4. DATE OF DEATH (Month) (Day) (Year) 9-22-1954	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2-27-1874	
9. AGE (In years last birthday) 80		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professor		10b. KIND OF BUSINESS OR INDUSTRY Languages		11. BIRTHPLACE (City and State or Foreign Country) Toronto Canada	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Chas. Langley		13b. MOTHER'S MAIDEN NAME Annie Booth		14. NAME OF HUSBAND OR WIFE Carrie Langley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. Noje		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J.S. Martin 342 Page			
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) Cerebral Arteriosclerosis 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.				INTERVAL BETWEEN ONSET AND DEATH 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 334X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 8/23/54 , to 9/22/54 , that I last saw the deceased alive on 9/14 , 19 54 , and that death occurred at 12:15 m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature]		(Degree or title) W.D.		23b. ADDRESS 35 N. Central, Chester MO		23c. DATE SIGNED 9/22/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24b. DATE 9-22-1954		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 9/22/54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Home Webster Brown			

(Licensed Embalmer's Placement on Reverse Side)

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

Hand 4

OCT 14 1963

APR 8 1963

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.....
Signature of Student Embalmer

Signed.....
Leslie Holch

Licensed Embalmer No. 439

P. O. Address *Holch Bros.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.