

FILED FEB 27 1956

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7664**

CF: St. Louis, Mo.

BIRTH NO.

REG. DIST. NO. **317**PRIMARY REG. DIST. NO. **500**Registrar's No. **365**

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 901 days	c. CITY OR TOWN ELVINS.		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 VETERANS ADMINISTRATION HOSP.			e. STREET ADDRESS (If rural, give location) 311 MEADOW STREET		
3. NAME OF DECEASED (Type or Print) a. (First) WARREN b. (Middle) E. c. (Last) LANGLEY			4. DATE OF DEATH (Month) (Day) (Year) 2-6-56		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-1-96	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY Building Const.	11. BIRTHPLACE (City and State or Foreign Country) DOB RUN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EDWARD LANGLEY		13b. MOTHER'S MAIDEN NAME MARY HOPKINS		14. NAME OF HUSBAND OR WIFE ANNA LANGLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) WWI	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BKS, MO.	ADDRESS		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ENCEPHALOMALACIA OF BRAIN DUE TO TRAUMA				INTERVAL BETWEEN ONSET AND DEATH 50 MONTHS
	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. EVENTRATION OF LEFT DIAPHRAGM				50 MONTHS
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 90.35 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SOICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STREET	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. LOUIS, MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) DEC. 3, 1951 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR SLIPPED AND FELL ON ICE			
22. I hereby certify that I attended the deceased from 8-19-53 , 19____, to 2-6-56 , 19____, XXXXXX XXXXXXXXXXXXXXXXXXXX , and that death occurred at 10:45A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) cm Schieb		23b. ADDRESS M.D. VA HOSPITAL, JEFF. BKS, MO.		23c. DATE SIGNED 2-6-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-8-1956	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		
DATE REC'D BY LOCAL REG. 2-7-56	REGISTRAR'S SIGNATURE Herbert R. Douke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLAUGHLIN F.H., INC. 2301 Lafayette		

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..... *James R. Chapman*

Licensed Embalmer No. *43*

P. O. Address *St. Louis*

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.